



**EMERGENCY PLAN FOR AIDS RELIEF
FISCAL YEAR 2005 OPERATIONAL PLAN**

FEBRUARY 2005

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APS	Annual Program Statement
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention, an agency of the Department of Health and Human Services
CSH	Child Survival and Health Programs
CSW	Commercial Sex Worker
CT	HIV/AIDS Counseling and Testing
DOD	Department of Defense
DOL	Department of Labor
DOS	Department of State
DOTS	Directly-Observed Therapy, Short Course Strategy
FBO	Faith Based Organization
FDA	Food and Drug Administration
FDC	Fixed Dose Combinations
GAC	Office of the U.S. Global AIDS Coordinator (U.S. Department of State)
GAP	Global AIDS Program (HHS)
GH	Global Health Bureau (USAID)
GHA	Global HIV/AIDS Initiative
HAART	Highly Active Antiretroviral Therapy
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HBC	Home-Based Care
IDU	Injecting Drug Users
MARP	Most At-Risk Populations
MSM	Men Who Have Sex With Men
NGO	Non-Governmental Organization
NIH	National Institutes of Health
OGAC	Office of the Global AIDS Coordinator
OHA	Office of HIV/AIDS (USAID)
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PC	Peace Corps
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
S/ES	Executive Secretariat (DOS)
SI	Strategic Information
USAID	U.S. Agency for International Development
VCT	Voluntary HIV/AIDS Counseling and Testing

INTRODUCTION

The FY 2005 Operational Plan of the President's Emergency Plan for AIDS Relief (the Emergency Plan) is organized in eight sections:

- I. A list of acronyms,
- II. Introduction,
- III. Focus Country Activities,
- IV. Other Bilateral Programs,
- V. Central Programs,
- VI. Rapid Expansion Fund,
- VII. International Partners,
- VIII. Technical Oversight and Management, and
- IX. Strategic Information/Evaluation.

Section II, this Introduction, provides a brief overview of the FY 2005 Operational Plan, as well as, four summary tables. Table 1 summarizes the overall \$2.8 billion FY 2005 Emergency Plan budget in terms of sources of funding. Table 2 summarizes the \$2.8 billion FY 2005 Emergency Plan budget in terms of planned uses of funding. Table 2 also identifies \$1.9 billion in planned funding from the Department of State (State), the United States Agency for International Development (USAID) and the Department of Health and Human Services (HHS) that is the principal subject of this Operational Plan. Table 3 summarizes \$1.6 billion in funding approved to date by the Coordinator of the \$1.9 billion planned for FY 2005. Table 4 summarizes how the FY 2005 approved operational plan activities are distributed among prevention, care and treatment program areas. Section III, Focus Country Activities, provides three summary tables, Tables 5, 6, and 7 and fifteen individual country program descriptions. Every country description is followed by a detailed country budget, which shows funding levels approved as of January 14, 2005. Section IV, Other Bilateral Programs is not yet completed, but after final decisions are made about providing additional funding to other countries and regional programs, a Table 8 and a narrative description will be added. Section V, Central Programs, provides a summary table, Table 9, and individual central program descriptions. Section VI, the Rapid Expansion Fund, describes the intended use of the fund to expand programs related to treatment. Section VII, International Partners, provides a summary table, Table 10, and describes our contributions to UNAIDS and the Global Fund for AIDS, Tuberculosis and Malaria (The Global Fund), Section VIII, Technical Oversight and Management, provides a summary table, Table 11, and individual program descriptions. Section IX, Strategic Information/Evaluation, provides a summary table, Table 12, and a narrative.

The FY 2005 Operational Plan will be up-dated in April 2005 after the Coordinator has approved the remaining uses of the \$1.9 billion budget.

OVERVIEW

The FY 2005 Operational Plan follows “The President’s Emergency Plan for AIDS Relief – U.S. Five-Year Global HIV/AIDS Strategy” and sets out a course to have an immediate impact on people, and strengthen the capacity of governments and non-governmental organizations to quickly expand programs over the next several years. By the end of fiscal year 2005 the Emergency Plan will provide direct and indirect care and support for approximately 3,500,000 individuals, and facilitate access to antiretroviral therapy for at least 550,000 individuals.

Section III of this document provides information on each country’s contribution to the total number of individuals to be receiving care and support and antiretroviral therapy by the end of FY 05. The country-specific target tables also provide the FY 08 care and treatment targets for each country. The FY 08 targets were set at the beginning of the Emergency Plan. The sum of all countries’ FY 08 care/support targets equals the Emergency Plan’s goal of 10 million individuals receiving care and support by the end of year five. The sum of all countries’ FY 08 treatment targets equals the Emergency Plan’s goal of 2 million people on treatment at the end of year five.

The fiscal year (FY) 2005 budget for the Emergency Plan for AIDS Relief (Emergency Plan) is \$2.8 billion (see Table 1). This FY 2005 Operational Plan describes the planned and approved-to-date uses of \$1.9 billion of Emergency Plan funding to expand integrated care, treatment and prevention programs in fifteen focus countries, to increase available resources for HIV/AIDS activities in other bilateral programs; to finance central programs that help focus countries achieve their goals; to provide a Rapid Expansion Fund; to provide US Government contributions to International Partnerships, including UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); to fund technical oversight and management, and to develop and maintain the Emergency Plan’s strategic information/evaluation systems.

The planned uses of the remaining Emergency Plan funds for existing bilateral HIV/AIDS programs around the world; for international HIV/AIDS research through the HHS National Institutes of Health; for other international partners, such as IAVI and microbicide research; and for tuberculosis and malaria programs have already been described in a variety of congressional budget justification documents and briefing materials of USAID, HHS, DOD, DOL and the Department of State.

The \$1.909 billion described in this Operational Plan is composed of:

- \$1,374 million from the FY 05 Global HIV/AIDS Initiative account (GHAI, STATE)
- \$ 263 million from the FY 05 Child Survival and Health account (CSH, USAID)
- \$ 88 million from the FY 04 Child Survival and Health account (CSH, USAID)
- \$ 26 million from FY 2004 Prevention of Mother to Child Transmission funds (PMTCT, HHS)
- \$ 99 million from the NIH budget (HHS)
- \$ 59 million from the Global AIDS Program (CDC/GAP, HHS)

\$1.909 billion Total

SECTION II

The FY 2005 figures are actual appropriation figures minus the rescission. Of funds appropriated in FY 2004, \$88 million CSH was allocated to the Global Fund, but not provided as sufficient other donor funding was not available in time to meet congressional matching requirements. These funds have been carried-over to add to the potential US government FY 2005 contribution. \$ 26 million PMTCT was part of a \$149 million appropriation to HHS in FY 2004 that was to be used over two years for Prevention of Mother to Child Transmission.

This Operational Plan will program the \$ 26 million to complete the allocation of funding appropriated for the Initiative.

Table 2 summarizes the \$2.8 million FY 2005 Emergency Plan budget in terms of planned uses of funding, including the \$1.9 billion described in detail in this Operational Plan. Table 3 summarizes the allocation of the \$1.6 billion of the planned \$1.9 billion whose specific use has been approved for implementation as of January 14 by the U.S. Global AIDS Coordinator. Funds not yet approved include: \$63 million of funding for the Focus Countries, \$50 million in additional funding for Other Bilateral Programs, \$45 million for New Partners, \$2 million for Technical Oversight and Management and \$13 million for Strategic Information. In addition, \$117 million for the Rapid Expansion Fund will be programmed after the Coordinator's office receives proposals from the focus countries to expand treatment activities. This will move us closer to the FY 2006 congressional targets for an appropriate allocation among prevention, treatment, and care and to increase the number of patients being supported for ART in FY 2005. We expect most of the remaining funding decisions to be made by the end of March 2005.

The Emergency Plan focus countries, all severely impacted by HIV/AIDS, are: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.

PROGRESS TO DATE

Please see the President's Emergency Plan for AIDS Relief – Engendering Bold Leadership - First Annual Report for a complete description of progress and achievements during FY 2004. The Emergency Plan's first Annual Report will track progress toward meeting first-year targets for prevention, care, and treatment in the focus countries as well as the Emergency Plan's work worldwide to turn the tide of global HIV/AIDS.

DISTRIBUTION OF HIV/AIDS FUNDS

The distribution of the FY 2005 Emergency Plan funds among prevention, treatment, and care is moving in the direction outlined in the authorization of the Emergency Plan. See Table 4 for the allocation of funds among program areas for activities that have been approved to date. 32 percent of the budget is allocated to prevention activities; 40 percent is allocated to treatment; and 28 percent of the budget is allocated to care. Of note, abstinence/faithfulness activities account for 8 percent of the total budget, and activities for orphans and vulnerable children account for 7 percent of the total amount. The percent for orphans and vulnerable children does not include substantial resources for anti-retroviral treatment for infants and children; these resources are captured in the percent of funds going to treatment. In addition, much of the New Partner Fund will be dedicated to AB

promotion and OVC activities. As additional care and treatment programs are ramped up in FY 2006, we expect the proportion of the budget allocated to prevention to continue to decline (but staying steady or increasing in absolute terms), while the proportion of the budget allocated to care and treatment will continue to increase.

CONGRESSIONAL NOTIFICATION

This Operational Plan includes all sources of funding, some of which are notified to Congress by other parts of the US Government. The Operational Plan provides descriptive material to buttress notifications to Congress for funds from the Global HIV/AIDS Initiative (GHAI) account.

Table 1

The President's Emergency Plan for AIDS Relief Sources of Funding (dollars in millions)		
	2004 <u>Enacted</u>	2005 <u>Enacted</u>
USAID	1,117	815
<i>Child Survival HIV/AIDS</i> ¹	513	347
<i>Other Accounts HIV/AIDS, TB and Malaria</i>	52	51
<i>Child Survival TB and Malaria</i>	154	169
<i>Child Survival Global Fund*</i>	398	248
HHS	762	577
<i>CDC HIV/AIDS</i> ²	136	135
<i>NIH HIV/AIDS Research</i> ³	317	332
<i>CDC TB and Malaria</i>	11	11
<i>Mother and Child HIV/AIDS Prevention Initiative*</i>	149	0
<i>NIH Global Fund*</i>	149	99
DOL	10	2
DOD	4	7
STATE	1	2
<i>Foreign Military Finance</i>	1	2
U.S. Global AIDS Coordinator's Office	488	1,374
<i>Global HIV/AIDS Initiative*</i>	488	1,374
TOTAL, GLOBAL HIV/AIDS, TB & MALARIA	2,382	2,778
TOTAL, GLOBAL HIV/AIDS	2,217	2,598
1/ \$170 million in CSH funding for the focus countries has been moved to the Global AIDS Coordinator's Office for FY 2005.		
2/ Excludes administrative expenses for CDC programs that are centralized beginning in FY 2005 and shown comparably in FY 2004. Includes CDC research whose budget may change depending on actual research projects.		
3/ Funding for NIH research is estimated for FY 2005 and may change depending on actual research projects.		
* New resources for the Emergency Plan		

Table 2

EMERGENCY PLAN
Planned Budget Allocations
(\$000)

					TOTAL
Programs Included in Operational Plan	USAID CSH	HHS GAP & NIH	FY 04 PMTCT	GHAI	All Accounts
Country Activities	15,000	59,254	239	891,140	965,633
Focus Countries	0	59,254	239	856,140	915,633
Other bilateral programs plus up	15,000			35,000	50,000
Central Programs	-	-	25,252	251,231	276,483
Abstinence/Faithfulness				10,500	10,500
Antiretroviral Therapy			23,019	71,081	94,100
New Partners				45,000	45,000
Orphans and Vulnerable Children				9,750	9,750
Quality Assurance				3,700	3,700
Safe Blood				50,000	50,000
Safe Injections				30,200	30,200
Supply Chain Management				15,000	15,000
Technical Leadership and Support			2,233	12,000	14,233
Twinning				4,000	4,000
Rapid Expansion Fund				117,000	117,000
International Partners	335,800	99,200	0	27,000	462,000
UNAIDS				27,000	27,000
Global Fund**	335,800	99,200			435,000
Strategic Information/Evaluation				30,000	30,000
Technical Oversight and Management			0	57,549	57,549
GAC Administrative costs				8,747	8,747
Other Agency Administrative Costs*				48,801	48,801
Sub-Total	350,800	158,454	25,491	1,373,920	1,908,665
*Only includes additional costs borne by agencies					
** Includes \$87.8 million of FY 2004 CSH					
Programs Described Elsewhere	USAID	HHS	OTHER	GHAI	
Other bilateral programs	326,742	75,746	11,463		413,951
IAVI and Microbicides	56,544				56,544
NIH International Research		332,000			332,000
Tuberculosis and Malaria activities	168,640	11,200			179,840
Sub-Total	551,926	418,946	11,463	0	982,335
Total Emergency Plan Activities	902,726	577,400	36,954	1,373,920	2,891,000
Total FY 04 Funds	87,800	0	25,491		-113,291
Total Emergency Plan FY 05 Funds	814,926	577,400	11,463	1,373,920	2,777,709

EMERGENCY PLAN
Budget Allocations Approved to Date for Implementation
(\$000)

Programs Included in Operational Plan	USAID CSH	HHS GAP & NIH	FY 04 PMTCT	GHA	All Accounts
Country Activities	0	54,041	239	798,426	852,706
Focus Countries	0	54,041	239	798,426	852,706
Other Bilateral Programs Plus Up	-			0	0
Central Programs	-	-	25,252	206,231	231,483
Abstinence/Faithfulness				10,500	10,500
Antiretroviral Therapy			23,019	71,081	94,100
New Partners				0	0
Orphans and Vulnerable Children				9,750	9,750
Quality Assurance				3,700	3,700
Safe Blood				50,000	50,000
Safe Injections				30,200	30,200
Supply Chain Management				15,000	15,000
Technical Leadership and Support			2,233	12,000	14,233
Twinning				4,000	4,000
Rapid Expansion Fund				0	0
International Partners	335,800	99,200		27,000	462,000
UNAIDS				27,000	27,000
Global Fund*	335,800	99,200			435,000
Strategic Information/Evaluation				17,200	17,200
Technical Oversight and Management				55,697	55,697
GAC Administrative Costs				8,747	8,747
Other Agency Administrative Costs**				46,950	46,950
Total Approved by Coordinator	335,800	153,241	25,491	1,104,554	1,619,087
* Allocation approved, but final decision based on other donor matching					
** Only includes additional costs borne by agencies					

TABLE 4

BUDGET BY PROGRAM AREA

	FIELD DOLLARS ALLOCA TED	% OF BUDGET	CENTRAL DOLLARS ALLOCA TED	% OF BUDGET	TOTAL FUNDS ALLOCA TED	% OF BUDGET
<u>PREVENTION</u>						
PMTCT	60,695,495	9%	16,352,476	7%	77,047,971	8%
Abstinence/Faithfulness	58,107,022	8%	11,677,511	5%	69,784,533	8%
Blood Safety	3,313,845	0%	50,785,007	22%	54,098,852	6%
Safe Medical Injections	2,206,172	0%	30,986,568	13%	33,192,740	4%
Other Prevention	63,202,119	9%	3,140,030	1%	66,342,149	7%
<i>Prevention sub-total</i>	187,524,653	27%	112,941,593	48%	300,466,246	32%
<u>CARE</u>						
Palliative Care: Basic Health Care & Support	92,734,505	13%	4,222,371	2%	96,956,876	10%
Palliative Care: TB/HIV	16,982,240	2%	3,634,940	2%	20,617,180	2%
Orphans and Vulnerable Children	50,262,835	7%	12,443,381	5%	62,706,216	7%
Counseling & Testing	75,667,642	11%	1,962,519	1%	77,630,161	8%
<i>Care sub-total</i>	235,647,222	34%	22,263,210	9%	257,910,432	28%
<u>TREATMENT</u>						
HIV/AIDS Treatment/ARV Drugs	109,254,145	16%	58,247,785	25%	167,501,930	18%
HIV/AIDS Treatment/ARV Services	111,259,583	16%	37,740,375	16%	148,999,958	16%
Laboratory Infrastructure	45,490,548	7%	4,317,541	2%	49,808,089	5%
<i>Treatment sub-total</i>	266,004,276	39%	100,305,701	43%	366,309,977	40%
TOTAL	689,176,151	100%	235,510,504	100%	924,686,655	100%
Funding not yet approved					289,579,065	
Budget cannot be categorized, e.g. Global Fund, Strategic Information and Management					694,399,280	
TOTAL BUDGET					1,908,665,000	

FOCUS COUNTRY ACTIVITIES

- 1) Introduction
- 2) Table 5: FY 2005 Budget by Country and Agency Receiving Funds
- 3) Table 6: FY 2005 Budget by Country and Source of Funds
- 4) Country Program Descriptions and Detailed Budgets

INTRODUCTION

This section begins with three summary tables. Table 5 shows actual allocations of FY 2004 funding and planned allocations of FY 2005 funding among fifteen focus countries. Table 6 summarizes actual FY 2005 allocations among countries and among the implementing agencies approved by the Coordinator as of January 14, 2005. In FY 2005, funding available includes GHAI and GAP funding, streamlining the number of sources of funds considerably from FY 2004. A small amount of FY 04 PMTCT funding is being used in the Botswana budget. Table 7 shows how much of each source of funding was allocated to each country. Table 7 also includes planned allocations from Central Programs to each focus country. The FY 2005 “GHAI Country” funding levels in Table 7 are used for GHAI congressional notification purposes.

Following these summary tables, are descriptions of fifteen individual Country Operational Plans approved by the U.S. Global AIDS Coordinator as of January 14, 2005. At the end of each country description is a detailed budget showing allocations approved by the Coordinator. Some countries have a portion of their budgets that has not yet been approved.

Table 5

FY 2004 ACTUAL AND FY 2005 PLANNED LEVELS FOR FOCUS COUNTRIES
Includes All Funding Sources

Country	FY 04 Actual Country Managed	FY 04 Actual Central Programs	FY 04 Total	FY 05 Planned Country Managed	FY 05 Planned Central Programs	FY 05 Total
Botswana	17,870,871	6,506,869	24,377,740	35,329,129	7,737,106	43,066,235
Cote d'Ivoire	13,035,496	11,287,871	24,323,367	26,164,505	13,176,753	39,341,258
Ethiopia	40,990,732	6,995,688	47,986,420	61,359,268	8,664,485	70,023,753
Guyana	9,326,543	2,873,662	12,200,205	14,153,457	4,008,979	18,162,436
Haiti	20,326,735	7,726,409	28,053,144	40,372,798	7,379,056	47,751,854
Kenya	71,359,718	21,221,348	92,581,066	115,140,281	20,871,243	136,011,524
Mozambique	25,528,206	11,860,141	37,388,347	48,221,038	6,455,537	54,676,575
Namibia	21,185,762	3,087,924	24,273,686	36,013,835	3,701,072	39,714,907
Nigeria	55,491,358	15,433,724	70,925,082	84,358,642	24,500,660	108,859,302
Rwanda	27,973,778	11,326,683	39,300,461	41,072,725	10,223,053	51,295,778
South Africa	65,424,371	23,966,052	89,390,423	106,675,630	25,424,338	132,099,968
Tanzania	45,791,174	24,837,665	70,628,839	84,208,827	20,716,384	104,925,211
Uganda	80,579,298	10,178,127	90,757,425	112,818,223	11,517,249	124,335,472
Vietnam	17,354,885	0	17,354,885	25,000,000	0	25,000,000
Zambia	57,933,801	23,852,837	81,786,638	84,745,140	30,174,081	114,919,221
Total	570,172,728	181,155,000	751,327,728	915,633,498	194,549,996	1,110,183,494

TABLE 6

FY 2005 BUDGET FOR FOCUS COUNTRIES
Country Operational Plans
Approved as of January 14, 2005
By Country and Agency Receiving Funds

	USAID	HHS	DOD	STATE	PEACE CORPS	DOL	TOTAL
Botswana*	2,522,729	29,918,720	1,000,000	0	230,000	0	33,671,449
Cote d'Ivoire	4,176,602	15,236,059	0	0	0	0	19,412,661
Ethiopia	40,395,614	19,811,599	527,000	625,000	0	0	61,359,213
Guyana	8,114,233	3,727,177	334,047	25,000	215,000	0	12,415,457
Haiti	20,263,000	20,073,931	0	0	0	0	40,336,931
Kenya	73,136,853	36,099,220	4,169,384	0	1,304,824	0	114,710,281
Mozambique	25,214,024	21,681,900	161,114	674,000	315,000	0	48,046,038
Namibia	19,318,725	14,576,272	1,137,278	97,841	559,672	0	35,689,788
Nigeria	44,415,115	28,919,927	4,749,163	74,438	0	0	78,158,643
Rwanda	27,292,701	11,252,481	1,474,929	52,614	0	0	40,072,725
South Africa	66,064,085	38,106,889	990,916	450,000	173,740	0	105,785,630
Tanzania	31,973,950	12,869,714	3,627,294	261,933	315,910	0	49,048,801
Uganda	66,273,178	40,921,129	571,670	781,364	324,888	0	108,872,229
Vietnam	12,470,000	7,118,689	1,350,000	0	0	725,000	21,663,689
Zambia	58,539,792	18,058,104	5,262,000	580,000	1,023,000	0	83,462,896
Not yet approved							62,927,067
TOTAL	500,170,601	318,371,811	25,354,795	3,622,190	4,462,034	725,000	915,633,498
* Part of HHS funding includes \$239,191 of FY 2004 PMTCT							

Table 7

FY 2005 BUDGET FOR FOCUS COUNTRIES
Approved as of January 14, 2005
By Country and Source of Funds

	HHS GAP	GHA I COUNTRY	TOTAL
Botswana*	7,546,397	26,125,052	33,671,449
Cote d'Ivoire	5,252,988	14,159,673	19,412,661
Ethiopia	5,799,714	55,559,499	61,359,213
Guyana	1,000,000	11,415,457	12,415,457
Haiti	1,000,000	39,336,931	40,336,931
Kenya	8,120,403	106,589,878	114,710,281
Mozambique	2,336,680	45,709,358	48,046,038
Namibia	1,500,000	34,189,788	35,689,788
Nigeria	3,055,466	75,103,177	78,158,643
Rwanda	1,134,922	38,937,803	40,072,725
South Africa	4,817,112	100,968,518	105,785,630
Tanzania	1,365,605	47,683,196	49,048,801
Uganda	6,743,229	102,129,000	108,872,229
Vietnam	1,455,000	20,208,689	21,663,689
Zambia	2,913,855	80,549,041	83,462,896
Not yet Approved			62,927,067
TOTAL	54,041,371	798,665,060	915,633,498
* GHAI funding includes \$239,191 of FY 04 PMTCT			

BOTSWANA

Project Title: Botswana FY 2005 Country Operational Plan (COP)

Budget Summary:

Implementing Agency	Funding Sources		
	GAP*	GHAI	TOTAL
HHS**	7,546,397	22,372,323	29,918,720
USAID	0	2,522,729	2,522,729
DOD	0	1,000,000	1,000,000
State	0	0	0
Peace Corps	0	230,000	230,000
TOTAL Approved	7,546,397	26,125,052	33,671,449
Total Planned FY 2005			35,329,129
Total FY 2004			17,870,871

*The Global AIDS Program of HHS/CDC

**GHAI includes \$239,191 of FY 2004 PMTCT.

HIV/AIDS Epidemic in Botswana:

- HIV Prevalence in Pregnant Women: 37.4% (2003)
- Estimated Number of HIV-Infected People: 350,000 (UNAIDS, 2004)
- Estimated Number of Individuals on Anti-Retroviral Therapy: 32,839 (25,839 in public facilities; 7,000 in private sector) (2004)
- Estimated Number of AIDS Orphans: 78,000 (2000)

Targets to Achieve 2-7-10 Goals:

Botswana	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	25,000	29,000
FY 2005	70,500	40,500
FY 2008	165,000	33,000**

*Bringing Hope and Sustaining Lives: Building Sustainable HIV/AIDS Treatment. The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS. Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.

** The FY08 targets, which were set at the initiation of the Emergency Plan, reflect Botswana's planned contribution to the Emergency Plan's goals of 2 million on treatment and 10 million receiving care and support in the 15 focus countries by the end of FY08. Botswana expects to surpass its FY08 treatment goal by the end of FY05.

Program Description:

Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world, with the second-highest HIV-prevalence in Sub-Saharan Africa: UNAIDS estimates that 37.3% of adults 15-49 years of age are infected with HIV. In two Eastern districts, the prevalence among pregnant women aged 25-29 years is more than 70%. Even in districts with the lowest prevalence, almost one in four adults aged 15-49 is infected with HIV (NACA, Botswana Second Generation HIV/AIDS Surveillance, 2003). With so many young adults infected with HIV, the epidemic is not only a severe health crisis but also a threat to the future development and vitality of Botswana as a nation.

The Government of Botswana (GOB) has clearly recognized HIV/AIDS as a health and development crisis, and has mounted a comprehensive, multi-sectoral response to fight the HIV/AIDS epidemic and mitigate its impact.

The USG has played a pivotal role in establishing and extending the reach of Botswana's national HIV/AIDS response. The USG in Botswana functions as a strong, interagency team that works cooperatively to maximize the comparative advantage of the USG as a whole and each agency in particular. In developing the FY 2005 Country Operational Plan, the U.S. Mission in Botswana has employed a highly participatory approach including the U.S. Mission Emergency Plan (EP) Team, EP Core Team members, technical consultants from relevant USG agencies, the government of Botswana, the United Nations (UN) family, and members of civil society.

The following programmatic activities are included in the FY 2005 COP to reduce new HIV infections and mitigate the impact of HIV/AIDS in Botswana:

Prevention: \$10,442,128

Prevention activities in Botswana include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, blood and injection safety, and other behavioral prevention initiatives, including those that focus on high-risk populations. FY 2005 PMTCT activities build upon work completed under the President's Initiative for PMTCT, which helped the GOB to establish PMTCT services in all public facilities through the Maternal Child Health/Family Planning system, which serves over 90% of all pregnant women (Republic of Botswana, Ministry of Health, Family Health Division: Annual Report 2003). In FY 2005, USG will partner with GOB to strengthen the scope, quality and sustainability of PMTCT services. The USG will continue to support technical capacity-building in the MOH, support technical and managerial training for PMTCT staff and will build the capacity of FBO/CBO/NGOs to deliver high-quality, sustainable PMTCT services, including support to HIV-positive women and their children. Finally, the USG support community mobilization and IEC activities to increase awareness of and demand for PMTCT services.

The Government of Botswana takes the lead on national abstinence/be faithful (AB) activities, which include abstinence curricula in schools and related programs for youth.

The USG provides strong support for these efforts, including support of life skills programs for school youth and media-based behavior change communication programs, such as the well-known *Makgabaneng* radio serial-drama. The USG has also funds a local FBO, Botswana Christian AIDS Intervention Program, to develop a country-wide network of 125 church-based volunteer counselors to provide HIV/AIDS community counseling. Recent activities also include a collaborative project with the Ministry of Education to support the development and piloting of instructional materials for grades 1-12 teachers to help them better teach the life skills curricula to their students. The USG-supported Youth Health Organization (YOHO) has reached tens of thousands of youth with messages promoting abstinence and fidelity. In FY 2005, the USG will strengthen its ongoing activities, including training youth groups, schools and faith-based organizations for effective prevention efforts in ways to reach youth and deliver messages about abstinence, and training field officers to inform, educate, and mobilize communities through *Total Community Mobilization*, a National AIDS Coordinating Agency (NACA) co-sponsored, door-to-door community-based prevention program.

New prevention activities for FY 2005 include developing multi-faceted social marketing campaigns for PMTCT, abstinence and faithfulness across the country, strengthening FBO/CBO/NGOs to enable them to deliver effective prevention services, and partnering with Botswana's largest alcohol distributor to promote responsible drinking and sensitization to the role that alcohol plays in HIV infection and medical non-adherence. DOD/ODC will support prevention activities within the Botswana Defense force.

In order to strengthen systems for blood collection, testing, storage and handling, the USG is providing financial and technical support to strengthen GOB policies and systems, strengthen human capacity and provide essential supplies and equipment for blood testing. These activities are supported through Central Program funding.

Principal Partners: Academy for Educational Development (AED), AXIOM, Botswana Defense Force, Educational Development Center, Harvard School of Public Health, Humana People-to-People, John Snow Incorporated, International Training and Education Center (I-TECH), Ministry of Health (MOH), Ministry of Education (MOE), National AIDS Coordinating Agency (NACA), PACT, Pathfinder, Population Services International (PSI), Safe Blood For Africa, University of Medicine and Dentistry of New Jersey, Youth Health Organization (YOHO). The USG will also work with numerous other FBO/CBO/NGO partners who are still to be determined through competitive award review processes.

Care: \$11,813,563

In Botswana, an estimated 350,000 people are living with HIV/AIDS, and an estimated 78,000 children have been orphaned due to HIV/AIDS. The USG in Botswana supports the establishment and strengthening of essential care activities to meet the needs of PLWHA and children orphaned or made vulnerable due to HIV/AIDS, including HIV counseling and testing (CT) services, basic palliative care services, integration of TB/HIV services, and support for orphans and vulnerable children (OVC).

To address the palliative care needs of PLWHAs, the USG will work with the MOH in FY 2005 to strengthen palliative care policies and guidelines, and to train health care providers to deliver high quality palliative care services. The USG will also promote strengthening services for co-infected HIV/Tuberculosis (TB) patients, including the integration of HIV testing among TB patients.

HIV counseling and testing is also a key component of Botswana's care interventions. In 2000, the USG initiated voluntary counseling and testing (VCT) services through the *Tebelopele* program, now a network of 16 centers and eight satellites nationwide. *Tebelopele* centers have provided free, anonymous VCT with same day results with over 150,000 visits to date. *Tebelopele* has recently been established as an independent NGO and will be supported to build capacity further and become self-sustaining. The USG will also support new CT activities, including piloting an innovative home-based testing program. DOD/ODC will support VCT by constructing three permanent *Tebelopele* VCT centers in primary population areas.

OVC activities in FY 2005 will include increased funding for the Ambassador's HIV/AIDS Initiative to facilitate training in community mobilization, kids' club formation, and advocacy through grants to 10 local organizations. The USG will develop a long-term plan of action with the Ministry of Local Government to address identified gaps in services for children affected by HIV/AIDS, especially regarding their psychosocial needs. The capacity of FBOs/CBOs/NGOs that provide OVC services will be strengthened through an ongoing UNICEF-led program. Through PACT, an American implementing partner, the USG will directly support FBOs/CBOs/NGOs that provide palliative care and OVC services. The USG will also place Peace Corps Volunteers with 11 different FBO/CBO/NGOs who are currently striving to mobilize and implement community responses to OVC and other aspects of the HIV/AIDS epidemic. Central Program funding will further strengthen capacity-building and technical assistance efforts in coordination with ongoing USG programs.

Principal Partners: Academy for Educational Development (AED), Humana People-to-People, Ministry of Health, Ministry of Local Government, PACT, Policy Project, *Tebelopele*, and United Nations Children's Fund (UNICEF).

Treatment: \$5,234,035

Treatment activities in Botswana include the provision of antiretroviral (ARV) drug and service programs as well as laboratory support. Since January 2002, Botswana has been providing free ARV treatment to PLWHAs. This program has grown to 27 treatment sites with 25,839 patients currently on treatment. Pregnant women are referred to the ARV program, thus there are no dedicated PMTCT+ sites in Botswana. With FY 2005 funds, the USG will work with the MOH to ensure a safe and secure supply of ARVs in the country by procuring ARV drugs, installing a security system at Central Medical Stores (CMS), training CMS staff on supply chain management and quality assurance, and training Drug Regulatory Unit staff in good manufacturing practices, inspections and

pharmaco-vigilance. The USG will improve HIV/AIDS treatment for children and adults, working with international technical assistance partners focusing on development of guidelines, policies, and curricula; training; and monitoring and evaluation. With 7,000 PLWHAs on ARVs, the USG will also bolster the private sector with support for training and quality assurance. Treatment activities will also be carried out through Central Program funding.

To strengthen the laboratory infrastructure in Botswana, the USG will work with the MOH to ensure that laboratories have increased space, improved quality assurance, well-maintained laboratory equipment, a continuous supply of reagents and an improved standard of practice among laboratory staff. The Association of Public Health Laboratories (APHL) will assist in this effort.

Principal partners: Associated Funds Administrators/Botswana, APHL, Baylor University, Georgetown University, Harvard School of Public Health, I-TECH, Ministry of Local Government, Ministry of Health, and University of Pennsylvania.

Other Costs: \$6,181,723

Strategic information is crucial to measuring the progress made in reaching the 2-7-10 goals of the Emergency Plan. The USG will provide support for enhancing the Botswana HIV/AIDS Response Information Management System (BHRIMS), which will generate information on the national HIV/AIDS response, along with other targeted strategic information activities.

Principal Partners: Medical Information Technology Incorporated, Ministry of Health, NACA.

Policy analysis and systems-strengthening activities will focus on building sustainable national capacity to address the HIV/AIDS epidemic in Botswana by supporting management training across numerous programs, providing technical assistance to improve the capacity of HIV/AIDS program managers, strengthening districts to engage in a community planning process for HIV/AIDS response, as well as engaging the private sector in AIDS-in-the-workplace activities. Furthermore, the USG will be working with PACT to strengthen indigenous FBOs/CBOs/NGOs via a central HIV/AIDS umbrella organization in Botswana that will become a leading partner in the HIV/AIDS fight locally.

Principal Partners: Botswana Business Coalition on AIDS (BBCA), Botswana Business Coalition on AIDS (BBCA), Institute of Development Management, Ministry of Health, Ministry of Local Government, National Alliance of State and Territorial AIDS Directors (NASTAD), PACT, United Nations Development Program (UNDP).

Management and staffing activities will enable effective implementation of the Emergency Plan including the technical assistance required to execute and manage the Emergency Plan activities. Personnel, travel, management, and logistics support in

country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

As a middle-income country, Botswana has relatively few other donors. However, significant additional funds and assistance are provided by the African Comprehensive HIV/AIDS Partnerships (ACHAP), the Global Fund, and UN agencies. Bristol-Myers Squibb, the EU, China, Cuba, Germany, Japan, Norway, Sweden, and the UK provide other support. Donor coordination is accomplished through the Development Partner Forum and Global Fund Country Coordinating Mechanism, both chaired by the Ministry of Finance and Development Planning, the NACA-chaired National HIV/AIDS Partnership Forum, and by various groups at the technical level under NACA and the line Ministries according to the sector.

Program Contacts:

Ambassador Joseph Huggins
Deputy Chief of Mission and Interagency Emergency Plan Coordinator Lois Aroian
HHS/CDC/BOTUSA Director Dr. Peter Kilmarx
State Department Regional Environment and Health Officer Ted Pierce

Time Frame: FY 2005 – FY 2006

SUMMARY BUDGET TABLE - BOTSWANA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	0	740,690	3,600,000	0	0	0	0	4,340,690
Abstinence/Be Faithful	800,000	266,000	1,891,438	0	0	0	0	2,957,438
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	0	10,000	2,884,000	250,000	0	0	0	3,144,000
<i>Prevention Sub-total</i>	<i>800,000</i>	<i>1,016,690</i>	<i>8,375,438</i>	<i>250,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>10,442,128</i>
Care								
Palliative Care: Basic health care & support	400,000	0	1,244,050	0	0	0	0	1,644,050
Palliative Care: TB/HIV	0	10,000	325,000	0	0	0	0	335,000
OVC	1,057,729	0	990,000	0	0	230,000	0	2,277,729
Counseling and Testing	0	3,464,000	3,342,784	750,000	0	0	0	7,556,784
<i>Care Sub-total</i>	<i>1,457,729</i>	<i>3,474,000</i>	<i>5,901,834</i>	<i>750,000</i>	<i>0</i>	<i>230,000</i>	<i>0</i>	<i>11,813,563</i>
Treatment								
Treatment: ARV Drugs	0	0	2,700,000	0	0	0	0	2,700,000
Treatment: ARV Services	0	148,035	816,000	0	0	0	0	964,035
Laboratory Infrastructure	0	0	1,570,000	0	0	0	0	1,570,000
<i>Treatment Sub-total</i>	<i>0</i>	<i>148,035</i>	<i>5,086,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>5,234,035</i>
Other Costs								
Strategic Information	0	479,977	1,300,000	0	0	0	0	1,779,977
Other/policy analysis and system strengthening	265,000	783,636	1,181,100	0	0	0	0	2,229,736
Management and Staffing	0	1,644,059	527,951	0	0	0	0	2,172,010
<i>Other Costs Sub-total</i>	<i>265,000</i>	<i>2,907,672</i>	<i>3,009,051</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>6,181,723</i>
AGENCY, FUNDING SOURCE TOTALS	2,522,729	7,546,397	22,372,323	1,000,000	0	230,000	0	33,671,449

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	2,522,729	USAID	2,522,729	Base (GAP)	7,546,397
HHS	29,918,720	HHS	22,372,323	GAC (GHAI)	26,125,052
DOD	1,000,000	DOD	1,000,000	Total	33,671,449
State	0	State	0		
Peace Corps	230,000	Peace Corps	230,000		
Labor	0	Labor	0		
Total	33,671,449	Total	26,125,052		

SECTION III

COTE D'IVOIRE

Project Title: Cote d'Ivoire FY 2005 Country Operational Plan (COP)

Budget Summary:

Agency	Funding Sources		
	GAP*	GHAI	TOTAL
HHS	5,252,988	9,983,071	15,236,059
USAID	0	4,176,602	4,176,602
DOD	0	0	0
TOTAL Approved	5,252,988	14, 159,673	19,412,661
Total Planned FY 2005			26,164,505
Total FY 2004			13,035,496

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Cote d'Ivoire:

- HIV Prevalence in Pregnant Women: 9.5% (2002)
- Estimated Number of HIV-Infected People: 570,000 (2003)
- Estimated Number of Individuals on Anti-Retroviral Therapy: 3,723 (9/2004 public sector)
- Estimated Number of AIDS Orphans: 420,000 (2003)

Targets to Achieve 2-7-10 Goals :

Cote d'Ivoire	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	10,000	10,000
FY 2005	57,000	23,600
FY 2008	385,000	77,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"

The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS
Submitted by the Office of the Global AIDS Coordinator, U.S. Department of State
August 2004

Program Description:

Cote d'Ivoire is an economic and migratory hub, situated adjacent to Ghana, Guinea, Burkina Faso, Mali, Liberia and the Atlantic Ocean. Almost one-third of the population is made up of immigrants from the subregion and almost half the population of 16.9 million persons live in rural areas. For more than two years, Cote d'Ivoire has suffered a grave political/military and consequent socio-economic crisis, which has divided the country into two zones and stimulated the creation of a special UN peace-keeping mission. In West Africa, Cote d'Ivoire has long been the country with the highest HIV prevalence

and a place in which both HIV-1 and HIV-2 viruses are prevalent. A 19% decrease in life expectancy is predicted by 2005 as well as an increase in the adult mortality rate by 53% due to HIV/AIDS. Drawing on data prior to the crisis, the UN estimates 570,000 persons are infected with HIV, with an urban antenatal prevalence rate of 9.5%. An estimated 420,000 children have lost one or both parents to AIDS.

Cote d'Ivoire has a severe, generalized HIV epidemic, which is expected to be exacerbated by the crisis. HIV transmission is primarily through heterosexual or vertical transmission to HIV-exposed infants. Populations at risk for acquiring and/or transmitting HIV include HIV-serodiscordant couples, the uniformed services, commercial sex workers and economically vulnerable young women and girls, truckers and mobile populations, sexually active youth, out-of-school youth, and orphans and vulnerable children. Two-thirds of sexually active youth aged 15 to 19 reported not using a condom during their last sexual encounter. Most (98%) of the 570,000 HIV-infected persons do not know their HIV status. TB continues to be the leading cause of AIDS deaths and 47% of the annual 18,000 patients with newly diagnosed TB are co-infected with HIV.

The following programmatic areas will be included in FY 2005 to mitigate the impact of the epidemic in Cote d'Ivoire:

Prevention: \$3,337,963

Primary HIV prevention priorities include behavior change among youth to delay sexual debut; decreased cross-generational and coerced sexual relationships; the promotion of fidelity coupled with HIV-testing within sexual partnerships; decreased hospital-related infection through expanded blood safety and injection safety programs; and risk-reduction among high risk populations such as high-risk youth, the uniformed services, truckers and commercial sex workers with reduction of the number of sexual partners, consistent use of condoms and increased access to HIV-testing and care services.

Emergency Plan (EP) support will complement Global Fund (GFATM) funds and assist the MOH to increase the number of health facilities providing integrated prevention of mother/parent-to-child HIV transmission (PMTCT) services to 114, and linking to other care and treatment services (expanding from 2-20% coverage in 2 years). The EP will support rural and the various faith-based communities to promote abstinence and fidelity; and to fight against gender and HIV-related discrimination within their communities through two new grants and a new subgranting initiative. Existing interventions targeting the uniformed services and sex workers will be expanded to extend geographic coverage of services. Secondary HIV prevention among HIV-infected individuals and serodiscordant couples is also a priority and constitutes one of the links between prevention, care and treatment services.

Principal Partners: JHPIEGO, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), HOPE Worldwide (HW), Population Services International (PSI), John Snow International (JSI), Family Health International (FHI), National Blood Transfusion Service/Ministry of Health and Population, Social and Scientific Systems Inc, and International HIV/AIDS Alliance, Drew University, Ministry of Health.

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Care: \$4,870,290

The Emergency Plan will improve and expand the quality and geographic coverage of counseling and HIV testing services (CT), and care and support for orphans, vulnerable children (OVC), and persons living with or affected by HIV/AIDS (PLWHA). Current CT services in Cote d'Ivoire include innovative models but have poor geographic coverage so that more than 98% of the population remains sero-ignorant. The USG will help expand CT services to reach more than 200,000 persons before March 2006 through complementary strategies, expansion of integrated CT at public and other health services (including TB, STI, family planning and hospitals), 4 mobile units to increase access to rural and mobile populations, and, with matching resources from local government and/or other sources, to establish sustainable youth-friendly VCT services in community settings.

The first strategy will promote identification of persons with advanced HIV disease in urgent need of treatment (including the 47% of 18,000 TB cases and the more than 50% of 37,000 University Hospital inpatients). The second will build on existing models in Cote d'Ivoire for leveraging of funds to promote sustainability and local ownership. Improved quality will also be a focus with improved training and supervision tools incorporating couple counseling and expanding human capacity. Existing OVC and home and palliative care services in the community will be expanded with new small grants schemes coupled with technical and management assistance targeting faith and community-based organizations. The USG will target explicitly underserved areas such as rural and crisis afflicted areas. Development of national policy and guidelines for palliative care, community care and OVC care will also contribute to assist scale-up of quality standardized services. OVC and PLWHA and other beneficiaries will be supported to become effective advocates for required legal and policy reform. The EP will support a pilot regional project to promote and evaluate a network of linked social and health services and community based services to inform the national roll-out model. The Emergency Plan will complement HIV and TB GFATM funds and assist the MOH to integrate the HIV and TB programs with the expansion of CT and comprehensive HIV services at TB sites (reaching more than 18,000 TB cases annually) and incorporation of TB screening and referral at all CT services.

Principal Partners: Population Services International (PSI), JHPIEGO, HOPE Worldwide, International HIV/AIDS Alliance, CARE International, Impact/Family Health International, Ministry of Health.

Treatment: \$6,735,980

The USG has played an integral role in expanding comprehensive HIV treatment in Cote d'Ivoire since the launch of the 1998 national pilot drug access initiative. In 2004 with USG support, the launch of the national treatment access program represented a major milestone in terms of heavily subsidized care, a 13% increase in annual government funding for antiretrovirals (to \$1.4 million USD), and the first treatment center outside Abidjan. With FY 2005 funds, the Emergency Plan will continue to support the national roll out plan and complement GFATM funds. Following FY 2004 evaluations and development of detailed plans, the EP will strengthen key systems that are critical to scale-up of quality sustainable treatment services including: HIV commodities management through the national public pharmacy; monitoring through the health

management information system and targeted evaluations including the emergence of antiretroviral resistance; in-service and pre-service training for managers and health professionals; and the establishment of a laboratory network to support decentralized HIV services (decongesting the central USG supported RETRO-CI laboratory which continues to provide the bulk of national HIV testing and monitoring).

With FY 2005 funds, the USG will expand rapidly service delivery through public, faith based and private facilities with technical assistance to promote family-care and ensure links to relevant prevention, care and support services. The Emergency Plan will complement GFATM TB funds to integrate HIV treatment services at TB centers and link patients to ongoing HIV-services. In 2005 a new twinning partnership will be launched between UCSF and the major teaching hospital to establish a national training and adult referral center of excellence at the infectious diseases institution and integrate HIV services throughout. This center will form the hub of the network for the national treatment program.

USG will provide ongoing technical and financial support through small grants to PLWHA and media networks/organizations in order to promote treatment literacy, uptake of counseling and testing, and fight gender and HIV-related stigma and discrimination. Overall efforts will contribute towards development of a system that can provide a continuum of comprehensive care and treatment services to include antiretroviral drug therapy, psychosocial support, and treatment of opportunistic infections.

Principal Partners: Elizabeth Glaser Pediatric AIDS Foundation, JHPIEGO, Impact/Family Health International, International HIV/AIDS Alliance, HOPE Worldwide, Population Services International, Association of Public Health Labs (APHL), University of California San Francisco, Management Sciences for Health (MSH), Ministry of Health.

Other Costs: \$4,468,428

Strategic Information activities constitute 7% of the overall budget and will continue to fill critical information gaps and support coordination and planning with the key Ministries of AIDS, Health and Solidarity (OVC), donors and key stakeholders to identify priorities, use comparative advantages, mobilize resources and maximize their efficient use. FY 2005 support from the Emergency Plan will assist Cote d'Ivoire to obtain baseline data, direct program efforts, and measure program results. This includes baseline studies, the first trend data since the 2002 crisis began (annual national antenatal sentinel surveillance), and the integration of HIV indicators into the national health management information system. The USG will support, along with other major development partners, the ongoing capacity building (critical skilled human resources, informatics and communications infrastructure and systems) required at the key Ministry of Health and AIDS to plan, develop and implement appropriate surveillance and M&E plans and improve use of data to guide interventions. Support will also be directed toward a common system to capture HIV related information from VCT, PMTCT, and treatment to reinforce linkages between the sites and effective use of data at different levels of the health system. Substantial telecommunications and informatics system investment will also be required to support M&E, and will also provide substantial secondary benefits to improve networking, access to information, distance-learning, telemedicine possibilities and other benefits. The USG will also support improved monitoring and evaluation of

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HIV-interventions at the community level and will support development of simple data collection tools, and training in collection and use of data for subgrantee recipients.

Principal Partners: Measure Evaluation/John Snow Inc., Measure/MACRO, National Institute of Statistics, Ministry of AIDS, and Impact/Family Health International, International HIV/AIDS Alliance, Ministry of Health.

Cross-cutting activities will focus on human and organizational capacity; public-private sector partnerships and leveraging additional resources; improved planning, coordination and advocacy efforts; and addressing HIV and gender related stigma and discrimination. The USG will work with other partners to support a rapid evaluation of the existing and projected human capacity needs within the health sector in view of the 4-year Emergency Plan goals. This will be followed by development of a national strategy to address human capacity constraints including a comprehensive training plan. Cross-cutting training activities will include HIV program management, and training of trainers approaches to transfer skills and involve key national health professional training institutions and stakeholders. A national linking organization will be established to provide support small-to-medium capacity community and faith based organizations to develop their management, planning and overall capacity and strengthen the civil society response to HIV/AIDS in Cote d'Ivoire. These new activities will also allow NGOs working in HIV/AIDS to enhance their work in fighting stigma and discrimination. The USG will also provide support to key private and other sector organizations to document and share their best practices to fight HIV/AIDS in the workplace and promote innovative public-private partnerships designed to leverage additional human and financial resources. FY 2005 support will also assist the Ministries of Health and Education to establish HIV in the workplace programs for their large and socially influential staff.

Principal Partners: Management Sciences for Health, Policy Project, HIV/AIDS Alliance, and Family Health International.

Administrative Costs will support the program management costs to implement and manage the Emergency Plan. DHHS personnel, travel, management, and logistics support in country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

While the USG is the largest donor, other development partners and/or funds active in the HIV/AIDS sector include: The Global Fund for HIV, TB and Malaria (\$18 Million HIV project 2004-2005, and \$2 million TB project 2005-2006 with UNDP as principle agent), the UN (UNAIDS, WHO, UNICEF, UNDP, UNFPA, WFP), and other bilateral partners (the Belgian, Canadian, French, German and Japanese cooperations). A large potential source of funding is the World Bank-MAP, which may initiate a program in FY 2005 (50 million USD over 5 years). USG agencies coordinate in country through the USG Emergency Plan coordinating committee chaired by the US Ambassador. HHS represents the USG on the Global Fund Country Coordinating Mechanism (CCM) and at most technical forums. The CCM is a strong multisectoral participatory forum that brings together 33 members of civil society, public and private sectors and multilateral and bilateral development partners allowing information sharing, deliberations and coordination. This complements the national system of HIV coordination committees

stretching from the national HIV council (headed by the President annually) through the regional, district and grass roots village HIV/AIDS Action Committee as well as the various sectoral and technical committees. The Ministry of AIDS has a committee that meets quarterly to improve planning and coordination and includes civil society representatives, bilateral and multilateral partners and the Ministry of Health and Finance. UNAIDS also chairs a regular coordination forum bringing multilateral and bilateral development partners together. All efforts are made to ensure maximum collaboration with in-country partners.

Program Contact: Ambassador Aubrey Hooks

Time Frame: FY 2005 – FY 2006

SECTION III

SUMMARY BUDGET TABLE - COTE D'IVOIRE	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	300,000	258,957	310,000	0	0	0	0	868,957
Abstinence/Be Faithful	150,000	90,536	230,000	0	0	0	0	470,536
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	250,000	188,470	1,560,000	0	0	0	0	1,998,470
<i>Prevention Sub-total</i>	<i>700,000</i>	<i>537,963</i>	<i>2,100,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>3,337,963</i>
Care								
Palliative Care: Basic health care & support	800,000	0	720,000	0	0	0	0	1,520,000
Palliative Care: TB/HIV	80,000	80,276	400,000	0	0	0	0	560,276
OVC	650,000	42,507	90,000	0	0	0	0	782,507
Counseling and Testing	600,000	62,507	1,345,000	0	0	0	0	2,007,507
<i>Care Sub-total</i>	<i>2,130,000</i>	<i>185,290</i>	<i>2,555,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>4,870,290</i>
Treatment								
Treatment: ARV Drugs	500,000	0	3,200,000	0	0	0	0	3,700,000
Treatment: ARV Services	150,000	329,352	1,598,071	0	0	0	0	2,077,423
Laboratory Infrastructure	0	643,557	315,000	0	0	0	0	958,557
<i>Treatment Sub-total</i>	<i>650,000</i>	<i>972,909</i>	<i>5,113,071</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>6,735,980</i>
Other Costs								
Strategic Information	596,602	534,260	150,000	0	0	0	0	1,280,862
Other/policy analysis and system strengthening	100,000	184,705	0	0	0	0	0	284,705
Management and Staffing	0	2,837,861	65,000	0	0	0	0	2,902,861
<i>Other Costs Sub-total</i>	<i>696,602</i>	<i>3,556,826</i>	<i>215,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>4,468,428</i>
AGENCY, FUNDING SOURCE TOTALS	4,176,602	5,252,988	9,983,071	0	0	0	0	19,412,661

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	4,176,602	USAID	4,176,602	Base (GAP)	5,252,988
HHS	15,236,059	HHS	9,983,071	GAC (GHAI)	14,159,673
DOD	0	DOD	0	Total	19,412,661
State	0	State	0		
Peace Corps	0	Peace Corps	0		
Labor	0	Labor	0		
Total	19,412,661	Total	14,159,673		

ETHIOPIA

Project Title: Ethiopia FY 2005 Country Operational Plan (COP)

Budget Summary:

Agency	Funding Sources		
	GAP*	GHA1	TOTAL
HHS	5,799,714	14,011,885	19,811,599
USAID	0	40,395,614	40,395,614
DOD	0	527,000	527,000
State	0	625,000	625,000
Peace Corps	0	0	0
TOTAL Approved	5,799,714	55,559,499	61,359,213
Total Planned FY 2005			61,359,268
Total FY 2004			40,990,732

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Ethiopia:

- HIV Prevalence in Pregnant Women: 5.0% (2003)
- Estimated Number of HIV-Infected People: 1,380,000 (2003)
- Estimated Number of Individuals on Anti-Retroviral Therapy: 9,500
- Estimated Number of AIDS Orphans: 379,341 maternal, 331,459 paternal, and 174,080 dual (2003)

Targets to Achieve 2-7-10 Goals:

Ethiopia	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	102,000	15,000
FY 2005	269,235	27,500
FY 2008	1,050,000	210,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment;" The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, August 2004.

Program Description:

Ethiopia is the second most populous country in sub-Saharan Africa, with a 2003 population estimated at 70 million people from 83 ethnic groups and languages, in an area almost twice the size of Texas. There are nine ethnically-based regions and two special administrative areas, one of which is the capitol, Addis Ababa. Approximately 4% of the population lives in Addis Ababa, and another 11% in scores of much smaller urban areas throughout the country. Approximately 85% of the population lives in rural

areas. Religion plays a major role in the lives of most Ethiopians: approximately 40%-45% of the population adheres to the Ethiopian Orthodox Church; approximately 45% of the population is Muslim; and Evangelical and Pentecostal Protestantism constitute more than 10% of the population. To date there is remarkable religious tolerance and harmony.

The national adult HIV seroprevalence for 2003 is estimated at 4.4%, with a 12.6% urban rate and a 2.6% rural rate. The new data show some expected variation among the regions, with the capitol of Addis Ababa, the “city states” of Dire Dawa and Harari, and Amhara regions having the highest total prevalence rates. Addis, Dire Dawa, Harari, and the region of Afar – with 16.7% urban prevalence rate – are along the Addis-Djibouti Corridor, which is Ethiopia’s major route to the sea. In general, HIV in Ethiopia continues to be primarily urban, with wide variation in rural areas. The rural epidemic is heterogeneous with hotspots. General “drivers” of the epidemic are the overall high population growth (2.7%); the very low access to public health services (below 62%); low literacy rates (32.8% total, with only 26.4% for females and 39.3% for males); and the overwhelming poverty of most of the population, with GDP per capita under US\$100. Maternal mortality rates are 871 per 100,000 live births, reflecting low utilization rates for antenatal care and labor and delivery services important to prevention of mother-to-child HIV transmission (PMTCT). Half of Ethiopia’s children are underweight for their age and over half are stunted, with recent surveys indicating that orphans affected by HIV and AIDS are relatively more vulnerable. The per capita expenditures for health from all sources (Government, donors, and out-of-pocket) are low, \$5.60 versus an average of \$12.00 per person in the Africa region.

There are few disaggregated data, but experience from other countries and the limited data on Ethiopia suggest that the groups engaging in high-risk behavior or at risk in Ethiopia are the same as in many other countries. These include transport workers and other mobile men, commercial sex workers, men with disposable incomes, internally displaced people and refugees, in- and out-of-school youth, university students, police, and the military. Data from small-scale hospital based studies show TB/HIV co-infection rates ranging from 25% to 47%. It is conservatively estimated that at least 30% of TB patients are currently co-infected with HIV. Two-thirds of the adult population in the country is estimated to have latent TB infection (LTBI) and hence, LTBI is widespread among HIV-infected individuals, thereby increasing their risk of developing active TB significantly.

The following programmatic areas will be included in the 2005 Country Operational Plan (COP) to mitigate the impact of the epidemic in Ethiopia:

Prevention: \$11,591,750

Prevention activities in Ethiopia are targeted at high-risk groups, and include abstinence and faithfulness programs, other prevention initiatives, prevention of mother-to-child-transmission, and blood and safe medical injection safety. Abstinence and faithfulness (AB) programs target high- and medium-risk groups in urban and rural areas in all 11 regions. Additional awards for AB activities have been awarded through Central

Programming. Ethiopia-funded AB awards will support development and/or delivery of information, education, and behavioral change messages promoting delay of sexual debut, abstinence, faithfulness and responsible decision-making messages to approximately 750,000 youth, through the training of 600 religious leaders (Orthodox, Muslim, other Christian) and 12,000 youth peer educators. Parents and other community members will also be reached with the AB messages in 200+communities. Other prevention initiatives focus on HIV prevention education and increased condom use for military personnel, truckers and sex workers. The Addis-Djibouti transport corridor (Ethiopia's primary route to the sea) will continue to receive geographically targeted funding. Efforts will increase condom use among high-risk groups by 10%, educate 150,000 military personnel 45,000 police, and reach 320,000 at-risk civilians.

PMTCT programming in Ethiopia began in 2003, with current U.S. government-assisted coverage at 14 hospitals and 13 health centers in 6 regions. Uptake is low: less than 30% of the women who attend antenatal care clinics have chosen to be tested. The Emergency Plan objective for the 2005 COP is to increase the coverage of PMTCT services to health networks in all 11 regions and to increase MTCT uptake to 50%. Only 9% of Ethiopian women deliver their children in health facilities, and Ministry of Health policies do not currently allow administration of prophylaxis (Nevirapine) for the mother and newborn outside of health facilities. During 2005 the U.S. government will undertake advocacy activities with the Ministry of Health to change the policy and to permit administration by trained traditional birth attendants for at-home births. The Emergency Plan 2005 COP funds will provide for infrastructure improvements, technical assistance, clinical materials and supplies, information, education, and communications materials and equipment, training, transport, and management to support the expansion of PMTCT services into 28 additional hospitals and 28 additional health centers. Funding will also be provided to community- and faith-based organizations to support community mobilization to increase utilization and uptake rates, with particular attention to stigma reduction and increasing participation of husbands in PMTCT.

Over the five-year Emergency Plan period in Ethiopia, Central Programming funds will be used to increase implementation of the new National Blood Safety Plan to a total of 11 regional blood banks and hospital-based blood banks and to assure that infection prevention and the new guidelines are incorporated in all in-service and pre-service training curricula. As part of the 2005 COP, in-country and central funding will also be used to incorporate injection safety measures throughout participating Ministry of Health, military, and non-governmental health networks.

Principal Partners: Ethiopian program funding: U.S. Centers for Disease Control and Prevention (CDC), U.S. Department of Defense (DOD), U.S. Agency for International Development (USAID), Ethiopian Ministry of Health (MOH), Ethiopia HIV/AIDS Prevention and Control Offices (HAPCO), International Orthodox Christian Charities (IOCC), Muslim Development Agency (MDA), Family Health International/IMPACT, The John Hopkins University Center for Communication Program and Health Communication Partnership, Save the Children/USA, JHPIEGO, Intrahealth. O/GAC

Central Programming awards include Catholic Relief Services, Pact, Inc., Food for the Hungry International, Samaritan's Purse.

Care: \$13,641,316

Care activities in Ethiopia include counseling and testing (CT), basic palliative care, support to integration of TB and HIV programs, and support for orphans and vulnerable children (OVC). Ethiopian policy currently supports only voluntary CT, with services provided in approximately 350 Ministry of Health, military, and non-governmental (non-profit and commercial) facilities nationwide as of mid-2004. The U.S. government has taken the lead in establishing 220 of those sites. The CT strategy for 2005 will include deliberate and focused policy dialogue to permit routine, informed consent testing of high-risk groups, including TB and STI patients and active duty military personnel, and will increase attention to assuring quality of all voluntary and routine CT services provided. A modest increase of 20 new U.S. government-initiated CT sites is planned. The testing will result in 246,000 new clients/patients knowing their HIV status by September 2005.

Palliative care activities will comprise delivery of a "preventive care package" of services and support base to HIV positive individuals and their families, targeted to the needs of asymptomatic, symptomatic, and chronically ill/end-of-life population segments. The "package" will assure a continuum of care between and among households and communities, health centers, and hospitals within geographically proximate health networks. The health center is considered the key catalyst for care, and as such will be the focus of training, technical assistance, quality assurance, and provision of clinical equipment and supplies during the 2005 COP. At the community level, palliative care activities will include strengthening community- and faith-based organizations to promote "positive living" and to provide psychosocial, spiritual, bed nets (where appropriate), support, nutrition, and other support to individuals and families affected by HIV and AIDS. Stigma reduction will be addressed through information, education, and communication materials targeted to health care providers, caregivers, and communities within health networks. U.S. government efforts will reach an additional 270,575 HIV positive patients with basic palliative care by March 2006. The U.S. government will continue its collaboration with the Ministry of Health and the World Health Organization to integrate Ethiopia's TB and HIV/AIDS programs in pilot sites. The pilot includes provider-initiated clinical and diagnostic HIV counseling and testing for all persons with TB as part of standard TB care; screening of all HIV-infected persons for active TB disease as part of routine quality clinical care of persons infected with HIV; and establishment of a strong patient referral system between TB and HIV programs for HIV-infected persons. Based on the results of the pilot, during the 2005 COP the partners will plan for expansion beginning in 2006.

In the 2005 COP, the U.S. government will continue to leverage use of P.L. 480 Title II resources to provide care and support to OVCs in high-prevalence areas within U.S. government-assisted health networks, and to provide non-food subsistence, psychosocial, spiritual, and education/skills development support to OVCs nationwide through FBOs

and NGOs in U.S. government-assisted health networks. The U.S. government and key partners will continue to provide advocacy and education to the nascent OVC Task Force to promote development of guidelines, norms, and standards for OVC care and support in Ethiopia. Activities launched under two central programming awards launched in 2004 are expected to complement these efforts.

Principal Partners: Ethiopia Program Funding to: CDC, DOD, USAID, U.S. Department of State Office of Population, Refugees and Migration (PRM), International Rescue Committee (IRC), Johns Hopkins University Health Communication Programs (JHU/HCP), JHPIEGO, International Training and Education Center on HIV/AIDS (ITECH), IOCC, CRS, Relief Society of Tigray (REST), Management Sciences for Health, Save the Children Federation. OGAC Central Programming awards to: Save the Children, Project Concern International.

Treatment: \$25,034,549

Treatment activities in Ethiopia include procurement and distribution of ART, supply chain, and laboratory improvement. There are no “stand-alone” PMTCT-Plus programs. Out of an estimated 265,400 individuals of all ages (140,800 females and 124,600 males) that need ART in 2004, there are only about 9,500 individuals on ARVs at 35 hospitals around the country, or about 3.5% of those eligible. The Global Fund (Round 2) is providing ARVs to about 10,000 individuals, and the U.S. government is providing ARVs to 25 hospitals in the 11 regions, covering about 15,000 individuals. The 25 Emergency Plan “first cohort” comprises five military, one police, one private/commercial, one FBO, and 17 public sector hospitals, five of which are Central Medical Centers (CMCs)/university teaching hospitals.

In the 2005 COP, the USG will continue to procure and provide ARVs to its first cohort of 25 hospitals and will share 30 “second cohort” hospitals and patients with the Global Fund, depending on the timing of funding. Approximately 40,000 patients (about 25,000 on U.S. government-financed ARVs, and about 15,000 on other) will be treated. In this shared second cohort, the U.S. government will provide providing primary assistance in pre-service and in-service training, supervision, drug and supply chain management, laboratory improvements, and strategic information for ART, and the Global Fund will provide essential drugs (including OI/TB, STI, and ARVs), significant equipment, and major construction/ renovation needs. The U.S. government will also provide training and technical assistance to correctly utilize and maintain the equipment, and to establish patient monitoring systems in which data are accurately recorded and stored for patient evaluation over time. Expanded private sector engagement will be encouraged. Communities will be increasingly involved in ART, assuring treatment adherence and other support as part of the “preventive care package” for persons living with HIV and AIDS.

The U.S. government has also supported site readiness interventions, including modest renovations, procurement of equipment (haematology, computers, limited CD4 machines), and staff training for the laboratories of the 25 U.S. government “first cohort”

hospitals. In 2005, the U.S. government will collaborate closely with MOH, Ministry of National Defense (MOND), the GF, and other colleagues to maintain and advance improvements at these facilities. Additionally, the U.S. government will fill critical gaps not financed by other partners that are necessary to build laboratory capacities at the five regional reference laboratories, the National Defense Laboratory, the Laboratory Technology School, and other key actors in the nascent Ethiopian national laboratory network.

ARV drugs for Ethiopia are supplied by international pharmaceutical companies and are limited to drugs that are registered and inspected for quality by Ethiopia's Drug Administration and Control Authority (DACA, the equivalent of the U.S. Food and Drug Administration, or FDA). The U.S. government will maintain its collaboration with DACA. The U.S. government will also collaborate with Ethiopia's two major pharmaceutical and supply services, the MOH Pharmaceutical Administration and Supplies Service (PASS), which handles HIV test kits and TB drugs, and the parastatal Pharmaceuticals and Medical Supplies Import and Wholesale Sales Company (PHARMID) which will manage distribution of U.S. government-financed ARVs and PMTCT supplies. The U.S. government and its partners will continue to work with HAPCO (as the Global Fund Principal Recipient), the MOH, PASS, and the Regional Health Bureaus to help rationalize procurement, management, and distribution of HIV test-kits, which are provided through a variety of non-U.S. government sources.

Principal partners: CDC, PHARMID, MOH/PASS, DACA, and Management Sciences for Health (MSH) Rational Pharmaceutical Management Plus (RPM+) project.

Other Costs: \$11,091,598

Strategic Information (SI) services will focus on three broad areas; 1) strengthening of the national, as well as U.S. government monitoring and evaluation (M&E) systems, 2) support for programmatic activities e.g., laboratory and logistics management systems, patient monitoring systems, surveillance, targeted evaluations, and 3) human capacity development in SI, including strengthening of SI leadership within relevant Ministries.

The major effort in supporting the national M&E system will focus on implementation of the revised National M&E Framework at all levels, down to the community level. In addition to supporting external M&E activities, USG will further develop the country-level internal U.S. government M&E system to provide day-to-day program management support to all participating U.S. government agencies and to support efficient Mission response to higher-level inquiries about program status.

Support for programmatic activities includes continuation of on-going SI activities such as strengthening the national HIV/AIDS/STI/TB surveillance systems and U.S. government participation on Ministry of Health Technical Working Groups involved in SI. EP support will also be used to implement several support systems, including a laboratory information system at the central and regional laboratories that will support both internal laboratory operations and external quality assurance, and a logistics

management system to support effective logistics controls of drugs and other essential HIV/AIDS related commodities such as test kits.

The third area of SI focus in FY 2005 is human capacity development through support for development of SI related in-service and pre-service courses and increased number of training opportunities at the regional level.

Principal partners for SI: Ministry of Health, HAPCO, Regional Medical Schools, Pharmaceutical Management Plus (RPM+), U.S. Centers for Disease Control and Prevention.

Policy and system strengthening during FY 2005 includes a variety of activities. In policy, the USG will focus on support of the implementation of Global Fund activities and the evaluation of its impact. The U.S. government will continue to support the operations of the Country Coordinating Mechanism Secretariat. In addition, USG will support the System Wide Effect of the Fund evaluation, which focuses on evaluating effects of Global Fund monies on country-level systems.

The EP will undertake an effort to increase the number of new partners, particularly indigenous, which can be involved in USG-Ethiopia supported activities. To this end, the USG will develop and implement a unified USG communications strategy that will ensure successful delivery of a unified message to all partners and stakeholders. In addition, the USG will fund a Small Grants program in order to attract more local partners, especially smaller CBOs and FBOs.

The Health Network Model provides the fundamental Emergency Plan framework for supporting the continuum of care for HIV/AIDS infected and affected persons across both the formal health care delivery system and communities. The U.S. government will work with partners to support several regional sites to provide a model for health network development. This activity will also involve the award of five regional RFAs for home-based and community care services.

Principal Partners for Policy and Systems Strengthening: Ministry of Health, World Health Organization, Abt Associates, JHU/HCP, CDC, Regional Medical Schools, and Department of State.

Administrative Costs will support the program and technical assistance required to implement and manage the Emergency Plan activities. USAID, CDC, State, and DOD personnel, travel, management, and logistics support in country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The Global Fund is the largest donor in Ethiopia, with funding for HIV/AIDS totaling \$645.16 million to date. The USG is the second largest donor. The World Bank's Multi-Country HIV/AIDS Program (MAP) provided US\$57.9 million in its first phase, which

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has now been extended through CY 2005; a second phase is under preparation. Other active international donors include WHO, UNICEF, UNAIDS, UNDP, ILO, IOM, and WFP. Important bilateral partners are the United Kingdom, Ireland, the Netherlands, Japan, and Sweden. There are over 170 national and international NGOs and FBOs active in HIV/AIDS, in the regions and at the national level.

The primary body to assure donor coordination is the HIV/AIDS Prevention and Control Offices (HAPCO), with offices at the federal, regional (11), and district (606) levels. In 2003, HAPCO established a consultative National Partnership Forum, which now has six sub-fora to address specific interest groups, e.g. NGOs, Donors, Media, Religious organizations, PLWHA, and Business Coalition. Each sub-forum sends a representative to the overall Forum. To date there are no similar mechanisms at the regional level, although some regional HAPCOs have formed sector-specific working groups.

Ethiopia's Donor Assistance Group also has sub-groups, including an HIV/AIDS Donor Group, which links to the Global Fund's Country Coordinating Mechanism (CCM) and the USG's Emergency Fund.

Program Contact: Ambassador Aurelia Brazeal

Time Frame: FY 2005 – FY 2006

SUMMARY BUDGET TABLE - ETHIOPIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	1,660,000	375,000	960,000	0	0	0	0	2,995,000
Abstinence/Be Faithful	3,750,000	99,350	310,000	0	0	0	0	4,159,350
Blood Safety	0	0	0	100,000	0	0	0	100,000
Injection Safety	0	0	100,000	130,000	0	0	0	230,000
Other Prevention	3,150,000	237,400	720,000	0	0	0	0	4,107,400
<i>Prevention Sub-total</i>	<i>8,560,000</i>	<i>711,750</i>	<i>2,090,000</i>	<i>230,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>11,591,750</i>
Care								
Palliative Care: Basic health care & support	5,276,300	0	595,000	0	0	0	0	5,871,300
Palliative Care: TB/HIV	432,000	0	138,750	0	0	0	0	570,750
OVC	4,511,086	0	0	0	0	0	0	4,511,086
Counseling and Testing	1,270,000	145,180	1,056,000	142,000	75,000	0	0	2,688,180
<i>Care Sub-total</i>	<i>11,489,386</i>	<i>145,180</i>	<i>1,789,750</i>	<i>142,000</i>	<i>75,000</i>	<i>0</i>	<i>0</i>	<i>13,641,316</i>
Treatment								
Treatment: ARV Drugs	17,300,000	0	0	0	0	0	0	17,300,000
Treatment: ARV Services	300,000	260,370	3,896,179	0	0	0	0	4,456,549
Laboratory Infrastructure	0	190,000	3,088,000	0	0	0	0	3,278,000
<i>Treatment Sub-total</i>	<i>17,600,000</i>	<i>450,370</i>	<i>6,984,179</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>25,034,549</i>
Other Costs								
Strategic Information	625,000	824,250	2,150,000	0	0	0	0	3,599,250
Other/policy analysis and system strengthening	331,228	0	650,000	0	200,000	0	0	1,181,228
Management and Staffing	1,790,000	3,668,164	347,956	155,000	350,000	0	0	6,311,120
<i>Other Costs Sub-total</i>	<i>2,746,228</i>	<i>4,492,414</i>	<i>3,147,956</i>	<i>155,000</i>	<i>550,000</i>	<i>0</i>	<i>0</i>	<i>11,091,598</i>
AGENCY, FUNDING SOURCE TOTALS	40,395,614	5,799,714	14,011,885	527,000	625,000	0	0	61,359,213

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	40,395,614	USAID	40,395,614	Base (GAP)	5,799,714
HHS	19,811,599	HHS	14,011,885	GAC (GHAI)	55,559,499
DOD	527,000	DOD	527,000	Total	61,359,213
State	625,000	State	625,000		
Peace Corps	0	Peace Corps	0		
Labor	0	Labor	0		
Total	61,359,213	Total	55,559,499		

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GUYANA

Project Title: Guyana FY 2005 Country Operational Plan (COP)

Budget Summary:

Agency	Funding Sources		
	GAP*	GHA I	TOTAL
HHS	1,000,000	2,727,177	3,727,177
USAID	0	8,114,233	8,114,233
DOD	0	334,047	334,047
State	0	25,000	25,000
Peace Corps	0	215,000	215,000
TOTAL Approved	1,000,000	11,415,457	12,415,457
Total Planned FY 2005			14,153,457
Total FY 2004			9,326,543

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Guyana:

- HIV Prevalence in Pregnant Women 3.8%
- Estimated Number of HIV-Infected People 18,000
- Estimated Number of Individuals on ART 500 (public) 17 (private)
- Estimated Number of AIDS Orphans 4,000

Targets to Achieve 2-7-10 Goals:

Guyana	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	400	300
FY 2005	3,225	805
FY 2008	9,000	2,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"

The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State August 2004.

Program Description:

HIV/AIDS is a growing problem in Guyana, though the true extent of the problem is unknown because national sero-prevalence data and AIDS case reporting data is incomplete. By the end of 2001, the Ministry of Health (MOH) had recorded 2,185 cases (cumulative from 1987). The epidemic has become generalized, and females are increasingly affected by the disease, especially in the younger age groups. By 2001, females made up 38 percent of all reported AIDS cases and, in the 15-24 age group, significantly more females than males have AIDS (MOH). Because of stigma and discrimination, few Guyanese are willing to be tested for HIV.

Heterosexual sex appears to be the primary mode of transmission; males comprise 62% of reported cases of HIV. Studies of persons who practice high-risk behaviors indicate that HIV prevalence has reached alarming levels. For example, MOH/CAREC/GTZ studies of female sex workers in 1997 and 2000 found seroprevalence rates of 45 percent and 31 percent respectively (drawing on different sampling frames and methodologies). MOH data for 2000 indicate HIV prevalence of 15.1 percent for males and 12.0 percent for females among patients at the Genitourinary Medicine (GUM) Clinic in Georgetown. In 2001, PAHO reported HIV prevalence rates of 30-41 percent among patients with tuberculosis. Though sex-specific seroprevalence data do not exist, women—and especially young women—represent an increasing proportion of the population with AIDS.

Prevention: \$3,711,000

Critical strategic interventions by the USG will include the expanded access to PMTCT services, community dialogue and action promoting HIV prevention, reinforcing safer sexual behaviors, reducing stigma, prevention for positives, prevention in most at risk populations, condoms available, acceptable, and correctly used (when appropriate), blood safety, and safe medical injections.

PMTCT will expand to include an additional 10 target sites, bringing the total to 42, which includes five major labor and delivery sites responsible for 80% of all annual deliveries. Funds will also support infrastructure development/maintenance, human capacity development and educational materials and equipment.

Abstinence and faithfulness programs will focus on both in and out-of-school youth and will strengthen the capacity of 15 local non-government and faith-based organizations to provide prevention messages and services. This effort will be accompanied by national behavior-change communication campaigns promoting abstinence and faithfulness including delay of sexual debut, specifically targeting groups such as youth in the last years of primary school and first years of secondary school.

Comprehensive community-based programs will partner with the education system, health service facilities, and community groups to delay the onset of sexual intercourse, decrease risk behavior, and increase appropriate use of health services. Teaching abstinence in schools will create the backbone of efforts of integrating HIV/AIDS education and reproductive health into the school-based Health and Family Life Education (HFLE) series being developed through the Ministry of Education, with Emergency Plan (EP) support. Until HFLE is finalized, education-sector Peace Corps Volunteers (PCV) will receive training to integrate HIV/AIDS prevention education, with a strong emphasis on promoting the developed abstinence messaging, into the current Life Skills teaching they provide at nearly twenty schools across the country. The MOH Adolescent and Young Adult Health and Wellness Unit (CAYAHWU) will be strengthened to promote participation of parents, teachers, health care workers and communities in promotion of healthy lifestyles, and ensure that children, adolescents, and young adults take a lead role in determining youth health policies and initiatives.

Voluntary counseling and testing through 18 public, private, NGO/FBO, and mobile models will serve as an entry point into care and treatment programs. Demand

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generation for condom use will be promoted through a social marketing campaign and targeted non-traditional sales points in order to reach the most-at-risk population. Focus on STI clinics and TB clinics will be an important step in targeting prevention among high-risk populations.

The blood safety program will provide technical assistance and infrastructure strengthening for the National Blood Transfusion Center, two regional centers, and a mobile facility. EP funds will also be used to support the creation of hospital transfusion committees to review and standardize uses of blood and blood products, establish national guidelines for blood transfusion services, and train for all levels of blood safety.

USG safe medical injection efforts will avert HIV infections in health care settings by ensuring the development and implementation of a safe injection and universal precautions program. USG support will also design and develop tools for client oriented BCC strategy to reduce demand for unnecessary injections, and train health workers in injection safety and interpersonal communication.

EP funds will support a PLWHA umbrella NGO as well as a board of PLWHA coordinated by the MOH and PMTCT support groups for positives in order to create appropriate prevention methods and their subsequent implementation from providing post-test counseling for positive persons, dealing with disclosure, providing counseling for sero-discordant couples, facilitating peer support groups, implementing focused communication campaigns, and supporting the access to key health services.

Principal partners include: Family Health International (FHI), CDC, Guyana HIV/AIDS Reduction and Prevention Project (GHARP), American Red Cross, Center for Disaster and Humanitarian Assistance Medicine (CDHAM), Maurice Solomon Accounting, Ministry of Health, Initiatives Inc., Peace Corps, Catholic Relief Services, Comforce,

Care: \$3,018,500

Critical strategic interventions by the USG will contribute to the care and support of 3,225 persons in Guyana through the implementation of the FY 2005 Emergency Plan. This will include care and support for PLWHA, those affected by HIV/AIDS, and orphans and vulnerable children. Direct program funding and twinning programs will also work with PLWHA groups such as The Network of Guyanese Living with HIV/AIDS (G+) to establish buddy programs, peer support groups, and community outreach to improve adherence to both TB DOTS and ART as well as delivery of basic hygiene, food, vitamins, and transportation fees for PLWHA to meet their daily needs.

EP funds will be used to train home-based care (HBC) volunteers to identify and refer children in need to community-based and government services. USG efforts will work in collaboration with the Ministry of Health, Ministry of Labor, Human Services & Social Security, UNICEF, and leading NGOs already working with children, to train NGOs, CBOs, and FBOs in areas identified through community mapping, the national OVC study, and the review of juvenile law currently under way by the Director of Public Prosecution. Anticipated needs include training in the provision of psychosocial support, child participatory program methods, legal aid and protection, succession planning, and establishment of mentoring, recreation, and community daycare programs. The program

will work with education partners, and, will collaborate with the Ministry of Education at the local and national levels, to prevent vulnerable children from dropping out of school. A basic package of care for OVC will be developed under the Emergency Plan guidance and customized to the local context, and offered to 600 OVC. This package will include support groups; community gardens in regard to food security; supporting NGOs that focus on short-term in-house support for women and children that fall victim to violence, discrimination, or abandonment; provision of school supplies; and support to half-way house facilities with education materials, school-books, uniforms, meals, and psychosocial support.

Principal partners include: GHARP, FHI, Peace Corps, and Maurice Solomon Accounting.

Treatment: \$2,439,224

The critical strategic interventions by the USG will contribute to the treatment of 805 persons on ART in Guyana through the implementation of the FY 2005 Plan. The Central Medical Center (CMC) will offer the most sophisticated technical and medical services in Guyana to support other service delivery facilities, research activities, and training facilities and act as the core of the treatment network. Funds will focus on a center of treatment in order to ensure treatment is continuous and of the highest standard.

The Central Medical Center (CMC) is the epicenter of a series of expanding satellite sites. Prior to program expansion beyond the CMC to other regions, the USG will assess facilities slated for the next phase of scale-up. These assessments will determine the facilities' relative absorptive capacity and readiness to deliver high-quality ART and HIV-related services, train staff, monitor patients and mitigate treatment failure.

USG funds will fund technical organization to increase the capacity of Guyana public hospitals and primary care facilities to deliver effective and expanded HIV/AIDS treatment and care services. By mobilizing the existing MOH regional system to develop a network model comprised of the CMC, district level hospitals and facilities and local health centers supported by community based NGOs will provide quality state of the art HIV care and ARV treatment to PLWHA.

Other strategies will include, but not be limited to 1) working with GHARP to develop a regionalized network of care and treatment centers to ensure that community-based care and support programs will be linked in order to provide a holistic approach; 2) managing the physician personnel; 3) using the adult HIV expertise to support the care delivery through consultation, in country assignments, and continuous quality improvement (CQI) efforts, and; 4) providing and supporting clinical training for personnel providing direct services (physicians, nurses, community workers) and laboratory technologists.

The CMC will be equipped with state-of-the-art laboratory equipment. Laboratory service is a cross-cutting program that supports the testing, quality assurance, and the clinical management of infected persons. Laboratory services will also follow the network model, with the Central Medical Laboratory at the core. There will be regional and community laboratories of varying capabilities that will support the preparation of samples and coordinate for their transport to the central laboratory.

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EP funds will be used to train specialists through the Caribbean Regional HIV/AIDS Training (CHART) initiative and other technical exchanges and twinning opportunities that will provide support in HIV primary care and ART monitoring by developing “mentors” and practitioners for facilities. This will create networks of care, clustered around COE and auxiliary facilities offering ART to facilitate a continuum of care for patients. A quality improvement (QI) program will be created at each site to continuously analyze and improve care and treatment. The QI and M&E efforts will generate outcome data that can be used to strengthen care and treatment at the Centers of Excellence and district hospitals. Partners will revise, adopt, and finalize national guidelines for the management of HIV clinical care and ART. Furthermore, clinical guidelines and standard operating procedures (SOPs) based on the national guidelines will be prepared to define standards of care and to guide HIV/ART clinical, pharmacy, and laboratory practices (e.g., patient selection process for ART, adherence counseling protocol, and laboratory monitoring schedule) at the health facilities/sites.

Principal partners include: CDC, Comforce, GHARP, FHI, CRS, CDHAM, Macro International, Maurice Solomon Accounting, Francois Xavier Bagnoud Center (FXB).

Other Costs: \$3,246,733

Supportive/Cross Cutting Interventions will focus on engendering bold leadership through advocacy for leadership among prominent Guyanese, the private sector, tomorrow’s leaders, and, donor and multi-lateral partners; increasing sustainability of HIV/AIDS program outcomes through targeted human capacity development; improved HIV/AIDS policy, multi-sectoral coordination; and enhanced capacity of GOG HIV surveillance systems and data for decision-making. USG funds will contribute to an integrated, horizontal, health sector HIS that is a key component of the WHO goal of one monitoring and evaluation system, and to the improvement of the MOH Materials Management Unit capacity to ensure a steady supply of drugs, laboratory supplies, testing supplies, and other HIV/AIDS commodities through improvements to infrastructure, transport, information systems, and human resource capacity.

Principal partners include GHARP, FHI, University of North Carolina Population Center, FXB, CDC, CDHAM, Macro International, Comforce, Ministry of Health, Crown Agents, University of Michigan School of Public Health, Peace Corps, and USAID.

Other Donors, Global Fund Activities, Coordination Mechanisms:

Between 1988 and 2000, the Government of Guyana was the main source of financial support for HIV/AIDS programs. Since then, external funding has surpassed domestic sources of funding by approximately 50 percent. USG Agencies have a close working relationship with the MOH and continues to be the largest source of financial and technical assistance to the national program. The Global Fund recently awarded \$27 million to Guyana for a five-year program, as well as funds for malaria and TB. The World Bank will support institutional capacity strengthening, monitoring, evaluation and research, scale up the HIV/AIDS response by line ministries, civil society organizations and the private sector, and the expansion of health sector prevention and treatment and care services for HIV/AIDS. In October 2003, The ILO HIV/AIDS Workplace Education

Program commenced operation in Guyana, with funding of approximately US\$ 396,762 from the United States Department of Labor (USDOL) over a three-year period.

Other donors in Guyana's HIV/AIDS and/or health sector include UNICEF, PAHO, the IDB, and bilateral donors. The IDB supports health sector reform and decentralization. The Canadian International Development Agency and its implementing partner, The Canadian Society for International Health, recently launched a program focusing on health information systems and laboratory strengthening for TB and STIs in three regions. UNICEF is supporting the development of a curriculum on Family Life Education for Levels 1 – 3 in-school students, through the Ministry of Education, and is evaluating the needs of orphans and others affected by HIV/AIDS. The German Agency for Technical Cooperation (GTZ) is supporting a project targeting commercial sex workers, including a condom social marketing campaign.

Finally, President Bharrat Jagdeo initiated the Presidential AIDS Commission in June of 2004. It is chaired by the President and includes nine Sector Ministers, representatives from funding agencies and project staff from the Health Sector Development Unit. The Commission's role is to support and supervise the implementation of the National Strategic Plan for HIV/AIDS 2002 – 2006. The Commission will provide strong visibility and accountability for the country's response and will operate through a Technical Support Unit, and provide funding for NGOs registered to work in HIV/AIDS and support and coordinate inter-ministerial involvement.

Program Contact: Ambassador Roland Bullen; Interagency Coordinator Julia Rehwinkel

Timeframe: FY2005-2006

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SUMMARY BUDGET TABLE - GUYANA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
<u>Prevention</u>								
PMTCT	1,300,000	0	125,000	0	0	0	0	1,425,000
Abstinence/Be Faithful	1,200,000	0	0	25,000	0	0	0	1,225,000
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	10,000	0	0	0	10,000
Other Prevention	950,000	0	0	9,000	0	92,000	0	1,051,000
<i>Prevention Sub-total</i>	<i>3,450,000</i>	<i>0</i>	<i>125,000</i>	<i>44,000</i>	<i>0</i>	<i>92,000</i>	<i>0</i>	<i>3,711,000</i>
<u>Care</u>								
Palliative Care: Basic health care & support	750,000	0	0	50,000	0	53,750	0	853,750
Palliative Care: TB/HIV	0	0	250,000	15,000	0	0	0	265,000
OVC	450,000	0	0	0	0	53,750	0	503,750
Counseling and Testing	1,000,000	0	350,000	46,000	0	0	0	1,396,000
<i>Care Sub-total</i>	<i>2,200,000</i>	<i>0</i>	<i>600,000</i>	<i>111,000</i>	<i>0</i>	<i>107,500</i>	<i>0</i>	<i>3,018,500</i>
<u>Treatment</u>								
Treatment: ARV Drugs	750,000	0	0	0	0	0	0	750,000
Treatment: ARV Services	0	0	1,072,177	0	0	0	0	1,072,177
Laboratory Infrastructure	0	0	600,000	17,047	0	0	0	617,047
<i>Treatment Sub-total</i>	<i>750,000</i>	<i>0</i>	<i>1,672,177</i>	<i>17,047</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>2,439,224</i>
<u>Other Costs</u>								
Strategic Information	675,000	0	330,000	22,000	0	0	0	1,027,000
Other/policy analysis and system strengthening	500,000	0	0	0	0	0	0	500,000
Management and Staffing	539,233	1,000,000	0	140,000	25,000	15,500	0	1,719,733
<i>Other Costs Sub-total</i>	<i>1,714,233</i>	<i>1,000,000</i>	<i>330,000</i>	<i>162,000</i>	<i>25,000</i>	<i>15,500</i>	<i>0</i>	<i>3,246,733</i>
AGENCY, FUNDING SOURCE TOTALS	8,114,233	1,000,000	2,727,177	334,047	25,000	215,000	0	12,415,457

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	8,114,233	USAID	8,114,233	Base (GAP)	1,000,000
HHS	3,727,177	HHS	2,727,177	GAC (GHAI)	11,415,457
DOD	334,047	DOD	334,047	Total	12,415,457
State	25,000	State	25,000		
Peace Corps	215,000	Peace Corps	215,000		
Labor	0	Labor	0		
Total	12,415,457	Total	11,415,457		

HAITI

Project Title: **Haiti FY 2005 Country Operational Plan (COP)**

Budget Summary:

Agency	Funding Sources		
	GAP*	GHAI	TOTAL
HHS	1,000,000	19,073,931	20,073,931
USAID	0	20,263,000	20,263,000
DOD	0	0	0
State	0	0	0
Peace Corps	0	0	0
Total Approved	1,000,000	39,336,931	40,336,931
Total Planned FY 2005			40,372,798
Total FY 2004			20,326,735

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Haiti:

- HIV Prevalence in general population 3.1%
- Estimated Number of HIV-Infected Persons: between 157,710 and 275,742 (MOH: Project Demographic and Projection Epidemiologic, Nov. 2001, pgs. 21-22)
- Estimated Number of Individuals on Anti-Retroviral Therapy: 4,417 as of October 6, 2004.
- Estimated Number of AIDS Orphans: 200,000 (UNAIDS)

Targets to Achieve 2-7-10 Goals:

Haiti	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	30,000	4000
FY 2005	61,562	9,486
FY 2008	125,000	25,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment;"

The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS
Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, August 2004

Program Description:

Haiti is the poorest nation in the Western Hemisphere and has the lowest GDP Per Capita in the Caribbean with \$1,860 USD per person. According to the UNDP, seventy-five percent of its 8,530,000 people are living at or below the absolute poverty level. Haiti has the highest HIV prevalence of any nation in the Latin America/Caribbean region. UNAIDS estimates that some 5.6% of the population is HIV infected. Haiti is second

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only to Brazil in the absolute numbers of HIV+ persons in the Western Hemisphere with estimated numbers between 157,710 and 275,742. The 2000 ANC survey showed a seroprevalence among pregnant women of 4.5%. HIV infection among TB patients is estimated to be at 40% with the TB incidence at 138/100,000. It is estimated that 30,000 Haitians are eligible for ART; 2829 persons are receiving it.

Despite efforts by the USG team to improve access and availability to ARTs, many barriers remain including limited public health services and weak clinical capacity for ARV therapy delivery. Most Haitians are unaware of their HIV serostatus and lack access to testing and other HIV/AIDS prevention, care, treatment and support services.

HIV in Haiti is transmitted primarily through heterosexual contact, during birth, and through high-risk populations including commercial sex workers, police, and peace keeping forces. Poverty and unemployment drive the sex industry as well as transactional sex. Several factors including poor socio-economic conditions, cultural and religious practices that encourage multiple partners, and lack of health infrastructure contribute to high levels of transmission. Knowledge about HIV/AIDS is fairly high, with 98% of men and 97% of women having heard about HIV/AIDS. However, 38% of women and 19% of men think that nothing can be done to avoid it. This lack of information is particularly pervasive in rural areas and among illiterate people. Half of women and 71% of men living in urban areas believe that condom use is a very good way to prevent HIV (DHS 2000).

Haiti has a long history of governmental instability with the most recent turnover in government taking place in March 2004. This insecurity, although impeding full implementation of USG plans and causing various delays, has not blocked the roll-out of services and the USG team in Haiti is dedicated to implementation of the Haiti FY 2005 COP to the fullest extent possible.

Prevention: \$7,669,931

Prevention activities in Haiti include: PMTCT, abstinence and faithfulness programs, blood and injection safety, and other prevention activities. From 32 PMTCT centers in Haiti, and of the 20,755 tested from March 2003 to March 2004, 4% were found to be HIV positive (there are now 58 PMTCT sites). USG Haiti will increase enrollment of pregnant women into PMTCT and PMTCT+ program, improve management of enrollees, increase ARV prophylaxis coverage, and improve follow up of HIV+ mothers and neonates. Emergency Plan activities in FY 2005 to help achieve these goals include support and provision for: routine counseling and testing, systematic enrollment into PMTCT programs, provision of prophylactic drugs to women and children, referrals for partners, proper follow up of neonates, and the provision of an effective information system for proper monitoring. In addition, in-service and pre-service training in PMTCT through curriculum adoption and implementation will be supported.

Abstinence and be faithful messages are promoted in Haiti through many NGOs and FBOs using multiple strategies of mass media as well as face to face counseling, information, peer education, and youth clubs. These activities will be supported and expanded in FY 2005 through support for radio programs, radio soap operas, and support of IEC programs for in-school and out of school youth, boy scouts, and youth groups. Blood safety activities have already begun through Central Programming and will

continue through cooperative agreements with the Blood Safety Unit of the Ministry of Health and WHO/PAHO for provision of technical assistance. The Emergency Plan will also help to develop national guidelines, to train health care personnel, and to open new blood transfusion services with FY 2005 funding. Injection Safety activities are also under way through a centrally funded cooperative agreement with JSI. Funding will also be used to develop and implement waste management strategies as well as a post-exposure prophylaxis plan. Other prevention activities will focus on prevention activities for MARPS (most-at-risk-populations) including support of commercial sex worker clinics and a new anonymous care center for MSMs. Activities will also target other high risk groups such as police and peace keeping forces. Seven million condoms will be purchased and made available to high-risk groups through targeted social marketing.

Principle partners for prevention activities include: Management Sciences for Health (MSH), JHPIEGO, Promoteurs Objectif Zéro SIDA (POZ), Population Services International (PSI), Johns Hopkins University (JHU)/Health Communication Programs Project, Academy for Educational Development (AED), Family Health International (FHI)/Youthnet PROJECT, Creative Associates/REMAK Project, Ministry of Health, World Health Organization/Pan American Health Organization (WHO/PAHO), John Snow Inc (JSI), and Fondation de la Santé Reproductive et l'Education Familial (FOSREF).

Care: \$10,029,000

Care activities in Haiti include: palliative care, basic health care and support, TB/HIV, counseling and testing (CT), and support for orphans and vulnerable children (OVC). It is estimated that some 250,000 to 350,000 Haitians need palliative care. However, hospice and end-of-life care is rare in Haiti. In FY 2005, USG plans to support PLWHA support groups, provide transport services, and support a cadre of community health workers who will undertake a variety of activities including taking people to appointments and providing home-based psychosocial and other support. Life Extending Treatment packages will be developed and provided to PLWHA at their homes. In addition, pain management will be provided in facilities and at homes. Health care providers will be provided with technical training on clinical care of PLWHA as well as sensitivity training to reduce the stigma and discrimination that PLWHA endure in the health care system.

In Haiti, 40% of TB patients are also infected with HIV. Haiti currently has 34 facilities, which offer both VCT services and TB services. However, only seven of these offer a truly integrated package of services. The MOH has hired a TB/HIV coordinator to reinforce coordination between HIV and TB activities. The national plan's goal is to provide routine counseling and testing at TB clinics as well as to engage in active TB case finding. USG will support this national plan and will also assist in the procurement of laboratory diagnostic kits (PPD) for 20,000 HIV/TB patients.

Currently, two partners support the 40 sites throughout Haiti where people can access counseling and testing, although the quality may vary. FY 2005 funding will allow these two partners to continue to provide financial support and technical assistance to these sites to improve quality of services and provide quality support and supervision. Three new additional sites will also be opened. USG will emphasize the development of linkages between VCT sites to care and treatment services, and funds will be used to train counselors and health care personnel conducting rapid testing. It is estimated that in

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2005, there will be 400,000 OVCs in Haiti based on DHS forecasts. In FY 2005, USG Haiti will provide financial support to partners supporting OVCs both in institutions and orphanages and in supported communities and families to better care for those children in their households and communities. Provision for education support for OVCs is also included.

Principal Partners for care activities include: FHI, MSH, POZ, Partners in Health (PIH), UNAIDS, CRS, CARE, World Vision, PACT, ITECH, and the Ministry of Health.

Treatment: \$14,687,000

Treatment activities in Haiti include the procurement and distribution of ART drugs and the improvement of laboratory infrastructure to support care and treatment. For three years, two NGOs, GHESKIO and PIH have been successfully implementing Highly Active Antiretroviral Therapy (HAART) in the country. The USG team in Haiti plans to extend HAART throughout the country toward the objective to reach a total of 3800 PLWAs by the end of FY 2004, 9,250 by the end of fiscal year 2005. To achieve this objective, the USG assessed and selected 15 new sites, including 6 public hospitals and 9 NGOs. International pediatric treatment guidelines for HIV pediatric treatment will be identified and adopted in 3 pediatric hospitals. Three teaching hospitals will also be provided with funding for equipment and materials support, as well as with support for human resources. In an effort to improve and encourage effective and high performance of ART sites, the USG will establish and manage performance-based contracts. Quality support and supervision and clinical training for ART sites will also be a major component of the treatment activities.

Currently, Haiti has no national reference laboratory or national QA/QC program. With FY 2005 funding, the Ministry of Health will be strengthened to serve as a regulatory body for the national QA/QC program. USG will also provide support to improve the quality of laboratory services throughout the country. Current conditions of many public laboratories in Haiti are sub-optimal that reflect the quality of laboratory services in Haiti. The USG team will improve the quality of laboratory services in Haiti by: improving the physical layout of 7 laboratories that provided ARV services, providing a basic package of laboratory equipment needed for ARV services, and improving knowledge of laboratory personnel by providing several training courses.

Principal partners for treatment include: MSH, New Jersey School of Medicine and Dentistry, Ministry of Health, International Training and Education Center for HIV/AIDS (ITECH), Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), PIH, FHI, University of North Carolina, University of Maryland, and Association of Public Health Laboratories (APHL).

Other Costs: \$7,951,000

The cross-cutting activities for FY 2005 include strategic information, policy analysis and systems strengthening, and management and staffing. Strategic information plans include the DHS, ANC, and mini BSS data collection, analysis, and dissemination. Lack of trained personnel is a major barrier at all levels in the implementation of a national, comprehensive monitoring and evaluation system. The USG has assessed a paper-based system for monitoring at ARV sites, and will support the development of an electronic

medical record at six ARV sites. Funds will also support human resources at ARV sites as well as at the Ministry of Health at both the central and departmental levels. To improve communications systems, internet connections were provided to 22 VCT/PMTCT sites throughout Haiti and this will be further expanded to new sites. In addition, an HMIS survey and facility survey will be conducted in 2005. Policy activities in FY 2005 include the drafting of OVC policy, advocacy for evidence based appropriate legislative development, and packaging of data for decision making.

Principle Partners for crosscutting activities include: Institut Haitien de l'Enfance (IHE), ITECH, Tulane, JSI, MOH, National Alliance of State and Territorial AIDS Directors (NASTAD), FHI, Futures Group, and MSH.

Other Donors, Global Fund Activities, Coordination Mechanisms:

While the USG is the largest donor program, the Global Fund has approved a total of \$66,905,477 for HIV/AIDS, \$14,665,170 for TB, and \$14,865,557 for Malaria for five years.

Haiti has a number of other development partners that are working in the country on HIV/AIDS issues. In addition to the Global Fund to Fight HIV/AIDS, Malaria, and TB, other partners include: PAHO/WHO, UNICEF, UNFPA, UNDP, UNAIDS, CIDA, IDB, the Gates Foundation, the Clinton Foundation, and the Turner Foundation.

USAID and CDC represent bilateral partners in the Country Coordinating Mechanism (CCM) of the Global Fund. The USG will promote grants from the MOH to other ministries on the CCM to engage them more fully in HIV/AIDS activities in their respective sectors. The MOH will become the principal recipient for the GF in 2006 under current plans.

Program Contacts:

State Department, David Reimer; CDC Country Director Matthew Brown; USAID/PHN Office Chief Chris Barratt

Time Frame: FY 2005 – FY 2006

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SUMMARY BUDGET TABLE – HAITI	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
<u>Prevention</u>								
PMTCT	2,122,000	315,931	205,000	0	0	0	0	2,642,931
Abstinence/Be Faithful	2,726,000	0	0	0	0	0	0	2,726,000
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	1,216,000	0	1,085,000	0	0	0	0	2,301,000
<i>Prevention Sub-total</i>	<i>6,064,000</i>	<i>315,931</i>	<i>1,290,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>7,669,931</i>
<u>Care</u>								
Palliative Care: Basic health care & support	2,551,000	0	2,250,000	0	0	0	0	4,801,000
Palliative Care: TB/HIV	950,000	0	300,000	0	0	0	0	1,250,000
OVC	1,843,000	0	0	0	0	0	0	1,843,000
Counseling and Testing	953,000	0	1,182,000	0	0	0	0	2,135,000
<i>Care Sub-total</i>	<i>6,297,000</i>	<i>0</i>	<i>3,732,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>10,029,000</i>
<u>Treatment</u>								
Treatment: ARV Drugs	4,202,000	0	0	0	0	0	0	4,202,000
Treatment: ARV Services	550,000	0	6,664,000	0	0	0	0	7,214,000
Laboratory Infrastructure	0	0	3,271,000	0	0	0	0	3,271,000
<i>Treatment Sub-total</i>	<i>4,752,000</i>	<i>0</i>	<i>9,935,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>14,687,000</i>
<u>Other Costs</u>								
Strategic Information	200,000	0	2,476,000	0	0	0	0	2,676,000
Other/policy analysis and system strengthening	1,600,000	0	625,000	0	0	0	0	2,225,000
Management and Staffing	1,350,000	684,069	1,015,931	0	0	0	0	3,050,000
<i>Other Costs Sub-total</i>	<i>3,150,000</i>	<i>684,069</i>	<i>4,116,931</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>7,951,000</i>
AGENCY, FUNDING SOURCE TOTALS	20,263,000	1,000,000	19,073,931	0	0	0	0	40,336,931

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	20,263,000	USAID	20,263,000	Base (GAP)	1,000,000
HHS	20,073,931	HHS	19,073,931	GAC (GHAI)	39,336,931
DOD	0	DOD	0	Total	40,336,931
State	0	State	0		
Peace Corps	0	Peace Corps	0		
Labor	0	Labor	0		
Total	40,336,931	Total	39,336,931		

KENYA

Project Title: Kenya FY 2005 Country Operational Plan (COP)

Budget Summary:

	Funding Sources		
Agency	GAP*	GHA	TOTAL
HHS	\$8,120,403	\$27,978,817	\$36,099,220
USAID	0	\$73,136,853	\$73,136,853
DOD	0	\$4,169,384	\$4,169,384
State	0	0	0
Peace Corps	0	\$1,304,824	\$1,304,824
TOTAL Approved	\$ 8,120,403	\$ 106,589,878	\$ 114,710,281
Total Planned FY 2005			115,140,281
Total FY 2004			71,359,718

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Kenya:

- HIV prevalence rate among pregnant women: 9% (2003)
- Estimated number of HIV-Infected People: 1,100,000 adults aged 15-49
- Estimated Number of individuals on Anti-retroviral therapy: 23,964 (includes 8,000 private; 11,221 public; 4,721 mission/faith-based)
- Estimated number of AIDS orphans: 650,000 (2003)

Targets to Achieve 2-7-10 Goals:

Kenya	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	172,000	38,000
FY 2005	440,000	48,000
FY 2008	1,250,000	250,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State
August 2004

Program Description:

Kenya has a population of 32 million, with 68% residing in rural areas. The country straddles the equator and has 400 km of Indian Ocean coastline. Approximately 80% of the land is arid or semi-arid. The commercial hub of East Africa, Kenya has a highly educated but seriously under-employed population. For example, an estimated 4,000 trained nurses are not in the workforce. This poses a challenge to the nation's economy, but may be a boon to efforts to rapidly scale up care and treatment for people living with

HIV and AIDS. Trends in adult HIV prevalence indicate a mature epidemic that has probably peaked.

The 2003 Kenya Demographic and Health Survey (KDHS) included HIV testing for the first time, with 73.3 % of eligible respondents (76.3% of women, 70.0% of men) tested. The prevalence rate documented (6.7% overall) is significantly lower than those gathered through 2003 ANC sentinel surveillance (9% of pregnant women). The prevalence in adult women tested in the DHS (8.7%) is similar to the pregnant women tested in 42 antenatal care (ANC) clinics for sentinel surveillance (9.0%). The prevalence in men in the KDHS (4.5%) is lower than expected with a higher female to male ratio (1:9) than in other Africa surveys. The risk of HIV in young women as compared to men in the KDHS is consistent with other studies demonstrating the vulnerability of young women for HIV infection. Prevalence in urban areas is significantly higher than in rural areas, and there are significant regional and provincial differences.

All other significant health indicators – including total fertility, infant mortality, adult mortality, and malnutrition – have increased since the last DHS in 1998. This deterioration in overall health of the population complicates efforts to achieve maximum benefit from anti-retroviral therapy and other clinical interventions.

Prevention: \$26,391,688

The USG plans to support PMTCT services for 300,000 pregnant women, 25,000 of whom will receive a complete course of antiretroviral prophylaxis in a PMTCT setting through the expansion of the number of sites offering PMTCT to 650 and ensuring geographically equitable distribution of sites. Public sector sites will be expanded through assistance to the Ministry of Health (MOH) and its facilities. Faith based facilities will be assisted through Catholic Kenya Episcopal Conference and the Protestant Christian Health Association of Kenya networks. Funds will also be used to increase quality of PMTCT services by updating curriculum in line with new WHO guidelines; training or retraining 3,300 service providers; and improving logistics through public sector and faith based sector logistics units. Finally, the USG will increase awareness of, and demand for, PMTCT using mass media social marketing to inform couples and increase ANC and PMTCT uptake. TV journalists will be trained to produce prime time PMTCT stories.

The Emergency Plan will support efforts to reduce incidence of HIV infection in young people by reaching over 6.5 million youth and their parents through mass media, community level communication, youth centers, and other approaches to teach young people about how to avoid HIV infection through abstinence, delay of sexual debut, and faithfulness after sexual debut. FBOs and NGOs will be used for community intervention to change social norms that put young people, especially girls, at risk. The Plan will target 500,000 primary, secondary, vocational training institute and university students, and will train over 3,500 principals, teachers, guidance counselors and peer educators in schools to support the implementation of these programs. The USG will fund the printing and distribution of the Kenya Life Skills Manual so that each school has access to this curriculum. FY 2005 funds will also be used to assess the effectiveness of youth

intervention models by implementing two pilot demonstrations targeting rural and urban youth in Nyanza province where HIV incidence is high, especially in young girls; 1 pilot project promoting faithfulness among married adolescents; and 1 pilot project in Thika district involving adult mentors. USG will test the effectiveness of models that involve parents, religious and community leaders, and adult mentors

Other prevention activities will target the following:

- Reduction of HIV incidence by reaching over 750,000 using over 30 local FBOs and NGOs to implement HIV prevention interventions targeting secondary and university students, teachers, and community members;
- Reduction of incidence by reaching over 65,000 Kenyans in under-served groups, including refugees, nomads, the disabled, housegirls, and members of the uniformed services, including the military, the National Youth Service, the Police, and the Kenya Wildlife Service;
- Reduction of incidence associated with very high-risk behaviors by reaching over 5,000 Kenyans engaged in IV drug use, alcohol abuse, and commercial sex work, including a new project with "beach boys" who have sex with male tourists in Mombasa;
- Reduction of risky behavior by reaching over 5 million Kenyans through mass media programs and over 1 million through community programs focused on self-risk assessment and condom promotion through 200 outlets; and
- Reduce HIV incidence associated with STIs by training over 600 government and private health workers in improved STI detection and treatment and appropriate ways to promote condom use in high-risk patients.

Blood safety programs will be another component of prevention activities. USG-Kenya has received Central Program funds to work with the National Blood Transfusion Service in order to improve the safety and adequacy of Kenya's blood supply. Funds will be used to increase volunteer blood donor pool by 40% annually, from 50,000 units in 2004 to 70,000 in 2005 and 100,000 in 2006; include more low risk adults in diversified donor pool (5,000 (10% of donations) in 2004 to 14,000 (20%) in 2005; establish quality assurance for blood bank procedures including external proficiency testing of blood specimens and internal quality control at regional blood transfusion centers and selected hospitals and implementation of Standard Operating Procedures; and strengthen partnerships with NGOs including the Kenya Red Cross Society, Hope Worldwide, Lions Clubs and Bloodlink Foundation, in order to train members of 300 institutional partners (including schools, mosques, churches and corporations) and increase the pool of low-risk blood donors.

USG will also provide technical assistance with Central Program funding to NBTS in quality assurance and laboratory management, blood tracking and data management, training in blood banking and transfusion medicine, by twinning with US partners, including the American Association of Blood Banks, Emory University and American Red Cross. Other interventions include the establishment of public-private partnerships with 100 corporate partners to educate 10,000 employees about blood donation; contributions to a blood donation program through corporate contributions; and the

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recruitment of low risk volunteer blood donors to collect an additional 5,000 units of blood in the first year. Central Program funds will also be used to train health care workers in safe injection practices and waste management. John Snow International (JSI) will conduct community sensitization to reduce injections demand.

Principal partners include: Principal Partners: Kenya Medical Research Institute, Pathfinder, Christian Health Association of Kenya, Family Health Institute.

Care: \$ 25,370,930

Care activities in Kenya include palliative care, TB/HIV care, counseling and testing (CT), and support to orphans and vulnerable children (OVCs). More than 175,000 people with HIV/AIDS will receive palliative care services through the following activities: the provision of a basic HIV care package including cotrimoxazole, multivitamins, prevention and management of opportunistic infections and other medical conditions by partners supporting ART delivery as well as additional programs in areas where ART is not yet available (more than 100,000 people total); augmentation of these services with improved access to safe drinking water, nutritional support where medically indicated; the provision of non-ART services in TB treatment settings to a total of 25,000 PLWAs; and the provision of home and community services that augment health facility associated services where these are available (50,000 additional people) including legal support to protect property and other essential rights of widows and orphans to mitigate their vulnerability when a head of household dies of AIDS, and strengthened community networks of PLWHAs for wellness, nutrition, mutual psychosocial support, and/or mutual economic security programs.

Integrated TB/HIV activities will be implemented in most districts in Kenya including diagnostic testing of TB patients for HIV (most targets and activities included in CT section), screening of patients with HIV for TB, coordinated clinical management of co-infected patients, and strengthening of community follow up to improve tracing of defaulters. Innovations include identifying TB among women in PMTCT settings. Nearly 800 health care workers (HCWs) (and an additional 1,000 community health workers) will be trained, 245 facilities will be strengthened to provide integrated HIV/TB services, 24,370 patients with HIV will receive treatment or preventive therapy for TB, and nearly 20,000 patients will be referred for ART.

Counseling and testing activities will include the expansion of diagnostic counseling and testing: Approximately 200,000 patients in hospitals, TB clinics, and health facilities will receive testing and counseling in the clinical setting. Health worker attitudes and experience with HIV testing will be evaluated to inform an expansion of testing in clinical settings. Funds will be used for HIV testing of TB patients: Of the 200,000 targets for diagnostic counseling and testing, approximately 45,000 will be TB patients. There will be continued support of VCT: approximately 260,000 clients will be served in VCT sites, with an emphasis on reaching underserved populations, such as the deaf, the disabled, nomads, and refugees, while also emphasizing “youth friendly” VCT services, including a pilot project to reach young adults in teacher training colleges. The USG will

work to assess the level of substance abuse in VCT clients in order to scale up effective interventions to reduce HIV risk associated with substance abuse, and network "social" VCT sites and medical facilities where HIV+ clients can access care and treatment as an integral component of the program. In addition, over 2,000 health workers and counselors will be trained in CT, approximately 1,500 in diagnostic counseling and testing and approximately 700 counselors in VCT. An emphasis in training will be in under-served areas.

New and continuing USG supported activities will emphasize community-level capacity to develop, implement and sustain responses to the OVC crisis to reach 250,000 children. Significant increases in capacity of currently supported programs are planned, along with developing urgently needed capacity to manage the care and treatment of children who are HIV+ and on ART. Peace Corps volunteers will be equipped with resources to initiate sustainable responses in isolated areas of the country.

Principal partners include: Kenya Medical Research Institute, Family Health Institute, Eastern Deanery AIDS Relief Program, World Vision Kenya, Handicap International.

Treatment: \$45,427,303

The Emergency Plan funds will be used to provide direct technical support, equipment, supplies, and staffing to support treatment for 45,000 people at specifically supported sites (33,000 people including 5,200 at centrally-program supported sites), and these or other sites that have other funds available to support program costs and need only ARVs (about 12,000 people). Although the distinction between general programs and PMTCT-plus programs is not precise, of this total, an estimated 2,300 will have initiated treatment through a designated PMTCT-plus site. An additional 15,000 people will be treated through programs supported by the Ministry of Health, and using drugs purchased by the government of Kenya. Programs are being expanded in Western Kenya where HIV rates are highest; new sites in Eastern and Central Provinces will help improve the equity of access. Overall, an estimated 25% of Kenyans who require ART by April 2006 will access it. Treatment for special populations such as women and children will be expanded through the addition of new partners. In all, 150 sites will be supported, most of which are part of well-established networks. There are distinct, but linked networks between various military sites and various mission facilities. Other sites are being established as network centers (e.g. LVCT site in Embu). All treatment activities are linked very closely to other activities that identify patients (VCT, PMTCT programs) or provide other critical services (such as community and hospice services).

Although much training has already taken place, ongoing training is needed. NASCOP (National AIDS and STI Control Program) will be supported to conduct additional trainings; additional needs will be addressed primarily by 5 major partners (Mildmay, JHPEIGO, Family Health International, MEDS and Indiana University) who conduct multidisciplinary trainings in accordance with materials developed by NASCOP and provide site follow up to ensure that trainings result as immediately as possible in

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program implementation or improvement. In total, more than 2,800 health care staff will be trained through these programs.

The USG will fund infrastructure improvement, particularly in the MOH. In collaboration with the MOH and Department for International Development (DFID), USG staff has developed standardized designs for new clinics.

With NASCOP and other partners, the USG has developed an information campaign related to ART. This is funded largely from DFID and the Global Fund. USG will support Internews, an agency that sends out quality messages about ART by training radio, television and newspaper journalists, and by producing informative programs. Funds for NASCOP will also support central staff and operations, operating a network of Provincial Level coordinators, training, and updating and printing of guidelines related to HIV care and will continue to support a small number of contracted critical health care workers at priority MOH facilities.

Procurement and distribution of drugs and supplies is conducted by KEMSA (government supply system) and MEDS (Mission for Essential Drugs and Supplies, a faith-based organization that provides medicines to a country-wide network of mission, NGO, public and small community facilities). Both organizations will continue to be strengthened, as they are complementary rather than redundant. ARVs and other pharmaceuticals required to reach treatment targets will be procured and distributed to implementing sites. A small fraction of drug procurement funds are directed toward the Kenyan Medical Research Institute (KEMRI).

USG will support the development of key services to project needs for, procure, and distribute ARVs, and to monitor quality of ARVs. These capacities will be strengthened at central governmental sites (national quality control laboratory, pharmacy and poisons board, KEMSA) and MEDS as well as at pharmacies at individual sites providing ART services.

Principal partners include Management Sciences for Health, Kenya Medical Research Institute, Mission for Essential Drugs and Supplies, Eastern Deanery AIDS Relief Program, Elizabeth Glaser for Pediatrics AIDS Foundation.

Other Costs: \$ 17,520,360

- Strategic Information (SI) activities will focus on improved interagency SI coordination, enhanced integration of USG SI effort with national-level SI plans, increased capacity of national SI experts to carry out M&E and other SI activities, and improved data collection, analysis, dissemination and use for improved HIV/AIDS policy and program

Principal Partners include: Community Housing Foundation, Kenya Medical Research Institute, Measure Evaluation/University of North Carolina Chapel Hill, Academy for Educational Development.

- Lab Infrastructure will be improved to provide accurate laboratory diagnosis of HIV and TB within the VCT, PMTCT, TB, ART, care and surveillance activities (over 1,500 current points of service). National capacity will be built through training, procurement of equipment, and improved infrastructure for better access to ART and HIV care services at lower levels of the health care network through introduction of laboratory testing or specimen referral at 40 new District and Mission Hospitals and selected Health Centres. Quality Assurance will be improved including proficiency testing, validation of results and support supervision to at the national, provincial level and to selected districts.
- Administrative Costs will support the program and technical assistance required to implement and manage the Emergency Plan activities. USAID, HHS, Peace Corps and DOD personnel, travel, management, and logistics support in country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The USG partners with multiple other donors in Kenya, including other international partners, the Government of Kenya, and other in-country organizations. HHS/CDC and USAID were represented on committees that drafted round 1 and 2 applications for the Global Fund; both agencies are active on the Country Coordinating Mechanism (CCM). HHS/CDC and USAID are also represented on the National AIDS Control Council (NACC) Technical Working Group, which manages the World Bank MAP program for Kenya. US Ambassador Bellamy and the British High Commissioner have met on two occasions to plan follow-through on the US-UK initiative announced during President Bush's visit to London last November. In addition, USAID and HHS/CDC have worked closely with the Japanese International Cooperation Agency (JICA) to scale-up treatment and VCT, including mobile VCT.

USG implementing agencies are represented on the major Government of Kenya coordinating councils dealing with funding, programming, and technical aspects of HIV/AIDS responses in NACC and NASCOP. CDC and USAID have staff housed in NASCOP. There is close coordination with and technical support provided to technical working groups and task forces (PMTCT, VCT, ART, Blood Safety, Lab, HBC, M&E, and Health Sector Reform). Regular meetings are held between Mission leadership and the Minister of Health and/or her senior staff to discuss coordination and Emergency Plan issues. The USG EP interagency coordinator meets regularly with his MOH counterpart and on an as-needed basis with the head of NACC.

Separate informational briefings on the Emergency Plan have been held with (1) FBOs, (2) NGOs, (3) HIV research programs operating in Kenya, (4) all major identified ART program implementers and (5) other bi- and multi-lateral donors. Development of the 2005 COP and the Kenya Five Year Emergency Plan strategy involved a consultative process. A joint planning timeline and protocol is under discussion with NACC and NASCOP to assure that the U.S. 5-year Emergency Plan for Kenya is developed

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concurrent with and is fully complementary of the new 5-year plan Kenya National AIDS/HIV Strategic Plan.

Program Contact: Ambassador W. M. Bellamy;
Interagency Coordinator Warren (Buck) Buckingham

Time Frame: FY 2005 – FY 2006

SUMMARY BUDGET TABLE – KENYA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	5,610,000	292,637	4,275,000	50,000	0	0	0	10,227,637
Abstinence/Be Faithful	5,105,000	1,320,945	1,120,000	35,000	0	0	0	7,580,945
Blood Safety	150,000	190,790	0	0	0	0	0	340,790
Injection Safety	0	142,016	0	0	0	0	0	142,016
Other Prevention	6,835,000	474,300	680,000	25,000	0	86,000	0	8,100,300
<i>Prevention Sub-total</i>	<i>17,700,000</i>	<i>2,420,686</i>	<i>6,075,000</i>	<i>110,000</i>	<i>0</i>	<i>86,000</i>	<i>0</i>	<i>26,391,686</i>
Care								
Palliative Care: Basic health care & support	5,116,800	640,419	2,180,000	683,700	0	0	0	8,620,919
Palliative Care: TB/HIV	1,345,000	431,350	1,350,000	230,000	0	0	0	3,356,350
OVC	3,350,000	100,000	225,000	75,000	0	855,682	0	4,605,682
Counseling and Testing	3,710,000	1,017,979	3,680,000	380,000	0	0	0	8,787,979
<i>Care Sub-total</i>	<i>13,521,800</i>	<i>2,189,746</i>	<i>7,435,000</i>	<i>1,368,700</i>	<i>0</i>	<i>855,682</i>	<i>0</i>	<i>25,370,930</i>
Treatment								
Treatment: ARV Drugs	21,944,850	0	800,000	0	0	0	0	22,744,850
Treatment: ARV Services	8,124,060	718,454	6,255,000	2,285,684	0	0	0	17,383,198
Laboratory Infrastructure	2,900,000	454,400	1,944,855	0	0	0	0	5,299,255
<i>Treatment Sub-total</i>	<i>32,968,910</i>	<i>1,172,854</i>	<i>8,999,855</i>	<i>2,285,684</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>45,427,303</i>
Other Costs								
Strategic Information	2,512,400	563,800	4,170,000	0	0	0	0	7,246,200
Other/policy analysis and system strengthening	3,035,000	0	200,000	0	0	0	0	3,235,000
Management and Staffing	3,398,743	1,773,313	1,098,962	405,000	0	363,142	0	7,039,160
<i>Other Costs Sub-total</i>	<i>8,946,143</i>	<i>2,337,113</i>	<i>5,468,962</i>	<i>405,000</i>	<i>0</i>	<i>363,142</i>	<i>0</i>	<i>17,520,360</i>
AGENCY, FUNDING SOURCE TOTALS	73,136,853	8,120,403	27,978,817	4,169,384	0	1,304,824	0	114,710,281

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	73,136,853	USAID	73,136,853	Base (GAP)	8,120,403
HHS	36,099,220	HHS	27,978,817	GAC (GHAI)	106,589,878
DOD	4,169,384	DOD	4,169,384	Total	114,710,281
State	0	State	0		
Peace Corps	1,304,824	Peace Corps	1,304,824		
Labor	0	Labor	0		
Total	114,710,281	Total	106,589,878		

MOZAMBIQUE

Project Title: **Mozambique FY 2005 Country Operational Plan (COP)**

Budget Summary:

Agency	Funding Sources		
	GAP*	GHAI	TOTAL
HHS	2,336,680	19,345,220	21,681,900
USAID	0	25,214,024	25,214,024
State	0	674,000	674,000
DOD	0	161,114	161,114
Peace Corps	0	315,000	315,000
TOTAL Approved	2,336,680	45,709,358	48,046,038
Total Planned FY 2005			48,221,038
Total FY 2004			25,528,206

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Mozambique:

- HIV Prevalence in Pregnant Women: 14.9% (2004 projection based on 2002 data)
- Estimated Number of HIV-Infected People: 1,400,000 (2004)
- Estimated Number of Individuals on Anti-Retroviral Therapy: 5,600 (end-FY 2004)
- Estimated Number of AIDS Orphans: 273,000 (2004)

Targets to Achieve 2-7-10 Goals:

Mozambique	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	90,000	8,000
FY 2005	203,964	20,800
FY 2008	550,000	110,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment;" The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.

Program Description:

As part of the boldest international public health effort ever supported by the American people, the U.S. Mission to Mozambique has joined with Mozambicans to turn the tide of the global HIV pandemic in Mozambique. Mozambique has endured great hardships and emerged as a model of economic recovery and peaceful transition following a civil war. The Mozambican people -- acting as responsible individuals, families, communities, through churches and mosques or with their traditional spiritual healers, as business men and women, as parents, teachers and health workers, and as leaders at every level -- can and will take action on HIV/AIDS to secure a brighter future for their children and the nation.

Mozambique is facing a severe, generalized HIV/AIDS epidemic, but the impact is not uniformly distributed. Areas of high HIV prevalence correspond roughly to areas of high population mobility, including Mozambique's extensive borders and transport corridors from the Indian Ocean ports across Mozambique to South Africa, Zimbabwe and Malawi/Zambia. The highest prevalence rates are found in Beira, in the center of the country. Mozambique is largely rural, with a coastline that extends the equivalent of Maine to Florida. Transportation is difficult and roads are often impassable during the rainy season. By international poverty measures, Mozambique is still among the very poorest countries in the world. With a population of about 18 million and only 650 doctors (200 of them in the capital city, Maputo), many rural areas in Mozambique have just one physician per 60,000 people. The health infrastructure is poor, and even provincial referral hospitals have limited access to water and electricity. Only about 68% of Mozambicans live within 10 kilometers of any type of health facility. Mozambique suffers from co-epidemics of tuberculosis and malaria as well as seasonal cholera outbreaks, all of which exacerbate the impact of HIV/AIDS. Given these challenges, the USG program will strike a balance between immediate needs and building longer-term capacity to effectively address the HIV/AIDS epidemic in Mozambique.

Prevention: \$14,138,946

In FY 2005, the Emergency Plan will support a projected 120 sites for preventing mother-to-child transmission of HIV, serving 390,262 women; 50,734 of who will receive a complete course of antiretroviral prophylaxis. Services at 66 of these sites, including the provision of ARV prophylaxis to a minimum of 11,829 new mothers during delivery, will be directly attributable to USG funds. Twenty-four of these direct sites will provide referral to nearby treatment sites and follow-up support to ensure successful antiretroviral therapy for HIV-positive mothers and their HIV-positive children and partners. Training of health workers, laboratory technicians, and supervisors, as well as information campaigns to increase use of PMTCT services, will also be part of the program. Approximately 23% of prevention funding will strengthen and expand programs promoting and supporting abstinence, faithfulness, and delay of sexual debut, through community-based in- and out-of-school activities directed at youth, young adults, and married couples, and through mass media. Efforts to reduce new infections among high-risk or high-transmitter groups (such as uniformed personnel, mobile populations,

and migrant workers), including the USG-supported national behavior change communication program and condom social marketing, will be expanded and targeted to locales where high-risk activities take place. A particular new emphasis is an integrated, intensive workplace program for the military and police forces. The private sector workplace program initiated in FY 2004 will expand rapidly this year. Injection safety promotion will be linked with all USG-supported services. With Centrally Program funding, assistance complementary to this request, this program also will continue to build the capacity of the national blood transfusion program to promote quality assurance and strengthen access to a safe blood supply.

Principal Partners: Ministry of Health, CARE, Health Alliance International, Population Services International (PSI), World Vision International, Mozambique Foundation for Community Development, Foundation Oswaldo Cruz, Johns Hopkins University, Elizabeth Glaser Pediatric AIDS Foundation, Save the Children US, the National AIDS Council, Project HOPE, JHPIEGO, the Confederation of Mozambique Business Associations, Ministry of Defense, Pathfinder, Food for the Hungry International, and Family Health International.

Care: \$13,065,580

EP funds will be used to scale up delivery of HIV counseling and testing services within Mozambique's integrated HIV/AIDS services networks, strengthen quality assurance, and support the transition from traditional voluntary to routine counseling and testing in health service facilities. Activities include assisting the Ministry of Health to establish decentralized training capacity and developing novel approaches to expand counseling and testing services to reach high-risk groups. It is expected that approximately 74,100 people will be seen at 44 counseling and testing sites directly supported by the USG in 2005. Increasing access to counseling and testing and effectively linking HIV-positive persons to care and treatment services are critical elements of this program. HIV/AIDS care services are currently provided through 1,224 health units, with no differentiation made between HIV and non-HIV cases in most places. USG efforts will directly support delivery of clinical care in 18 sites, reaching an estimated 13,731 patients, with FY 2005 resources. USG funding also will directly reach 20,000 chronically ill HIV-positive persons with home-based care services linked to clinical care. The program will assist the Ministries of Health and of Women and Coordination of Social Action to create coordinated multi-level and multi-sectoral referral mechanisms for home-based care, in order to ensure that patients and families in need are reached with the full range of support services available.

FY 2005 Emergency Plan resources will also enable faith-based organizations and other non-governmental organizations to directly reach 37,200 orphans and vulnerable children, ensuring access to current social services (e.g. waiver of school fees, free access to health services for under-fives) and delivering other needed services directly. FY 2005 funding will be used to implement HIV testing of tuberculosis patients and provide a package of care to those found to be HIV-positive, to implement routine TB/HIV surveillance, and to conduct a combined TB/HIV prevalence and drug resistance study.

Support will be initiated for other basic elements of care to improve the health and extend the life of HIV-positive clients, in particular safe water kits to ensure clean drinking water at home.

Principal Partners: Ministry of Health, Health Alliance International (HAI), Population Services International (PSI), World Vision, CARE, Ministry of Defense, World Relief (WRI), Save the Children US (SCF), Foundation Oswaldo Cruz, Columbia University, JHPIEGO, and the Foundation for Community Development (FDC).

Treatment: \$12,814,804

Of the total 20,800 persons expected to receive ART nationwide at the end of FY 2005, USG resources for antiretroviral therapy (ART) in Mozambique will be used to expand ART to a total of 17 directly assisted integrated HIV/AIDS services network sites, supporting treating for an estimated 10,124 persons. Of this total on ART, USG funds will be used to support provision of pediatric ARV medicines for 2,000 children and second-line ARV formulations for approximately 1,500 patients, as well as branded ARVs for approximately 400 members of the Mozambique Defense Force.

The program also will strengthen the Ministry of Health capacity to manage further expansion of quality ART through improved coordination and training at both central and service delivery levels. Resources will strengthen the supply management and logistics systems for ARV medicines and related supplies essential for HIV/AIDS treatment success.

The Emergency Plan will reinforce laboratory capacity and improve quality assurance to accommodate the rapid scale-up of services, including counseling and testing and ART. In addition, support to establish reference and training centers will enable service providers to continually update their skills for improving service delivery and management. Special efforts will develop pediatric diagnosis and treatment services, develop treatment services for TB/HIV co-infection, support the development of access to treatment in military facilities, develop treatment programs for youth, and identify public-private partnerships to enhance ART success.

Principal Partners: Ministry of Health, John Snow Inc., Association of Public Health Laboratories (APHL), Columbia University, Health Alliance International (HAI), Ministry of Defense, and Foundation Oswaldo Cruz.

Other Costs: \$8,026,708

USG support will continue to strengthen the capability of the Ministry of Health, the National AIDS Council, and other agencies, to monitor and evaluate the progress and success of Mozambique's national response to HIV/AIDS and of Emergency Plan achievements. These efforts are directed at developing and implementing routine information management systems for both program reporting and patient tracking; and at ensuring the HIV/AIDS surveillance (prevalence and behavioral), population-based surveys, targeted evaluation, and policy-related analysis essential to an effective

response. In addition, FY 2005 resources will be used to analyze and publish HIV prevalence data from pregnant women in 2004 as well as related national population estimates.

Principal Partners: Ministry of Health, National AIDS Council, Ministry of Women and Coordination of Social Action, other Government of Mozambique agencies, Mailman School of Public Health/Columbia University, John Snow Inc., The Futures Group International, the University of North Carolina/Carolina Population Center, and the University of California San Francisco.

The USG is collaborating with the Ministry of Health, WHO, and other donors on a national human capacity assessment focused on health workers. This assessment will define staff recruitment, management, and retention issues; make practical recommendations to strengthen the capacity of the health sector workforce; and provide a framework for systematic strengthening of the human resources required to provide ART and other HIV/AIDS-related services. Findings will inform the priority uses of the considerable USG resources provided for training and system strengthening. To help increase the number of HIV/AIDS service providers, new initiatives will expand the number of medical students specializing in HIV/AIDS treatment and set up training programs for medical technicians. FY 2005 resources also will enable the National AIDS Council to improve its technical, programmatic, and administrative management of the increasing levels of funding being mobilized for Mozambique's national HIV/AIDS response. Support to private sector initiatives will expand the number of private businesses implementing sound workplace policies and programs that will prevent new infections in the workforce and ensure that employees and their families access the full range of HIV/AIDS care, treatment, and support services.

Principal Partners: Ministry of Health, National AIDS Council, Ministry of Defense, JHPIEGO, International Training and Education Center on HIV (ITECH), Abt Associates, Catholic University of Mozambique, and the Confederation of Mozambique Business Associations.

Management and staffing funds will support the in-country personnel needed for USAID, HHS, State, Defense, and Peace Corps. Funds will ensure program monitoring and accountability, ensure USG policy and technical leadership within the Mozambique national response, and cover compensation, logistics, and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

Donor partners supporting HIV/AIDS efforts in Mozambique include the United Kingdom, Ireland, Sweden, Denmark, the Netherlands, Norway, Canada, the World Bank, U.N. agencies, and the Global Fund. To ensure harmonized efforts within a single national framework, the USG works closely with the several donor working groups formed to coordinate with the Ministry of Health, the National AIDS Council, and the Country Coordinating Mechanism for the Global Fund.

Program Contact: Ambassador Helen La Lime

Time Frame: FY 2005 - FY 2006

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SUMMARY BUDGET TABLE - MOZAMBIQUE	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
<u>Prevention</u>								
PMTCT	3,800,000	170,594	1,436,100	0	0	0	0	5,406,694
Abstinence/Be Faithful	3,030,000	0	8,500	0	220,000	120,000	0	3,378,500
Blood Safety	0	99,130	0	0	0	0	0	99,130
Injection Safety	0	96,130	898,800	0	0	0	0	994,930
Other Prevention	3,980,000	69,692	55,000	100,000	40,000	15,000	0	4,259,692
<i>Prevention Sub-total</i>	<i>10,810,000</i>	<i>435,546</i>	<i>2,398,400</i>	<i>100,000</i>	<i>260,000</i>	<i>135,000</i>	<i>0</i>	<i>14,138,946</i>
<u>Care</u>								
Palliative Care: Basic health care & support	3,138,649	265,758	1,926,945	0	24,000	50,000	0	5,405,352
Palliative Care: TB/HIV	0	20,664	547,700	0	0	0	0	568,364
OVC	3,850,000	0	0	0	56,000	78,000	0	3,984,000
Counseling and Testing	1,328,886	76,664	1,691,200	11,114	0	0	0	3,107,864
<i>Care Sub-total</i>	<i>8,317,535</i>	<i>363,086</i>	<i>4,165,845</i>	<i>11,114</i>	<i>80,000</i>	<i>128,000</i>	<i>0</i>	<i>13,065,580</i>
<u>Treatment</u>								
Treatment: ARV Drugs	2,525,000	21,555	2,000,000	0	0	0	0	4,546,555
Treatment: ARV Services	680,000	73,843	3,368,575	0	0	0	0	4,122,418
Laboratory Infrastructure	0	69,831	4,076,000	0	0	0	0	4,145,831
<i>Treatment Sub-total</i>	<i>3,205,000</i>	<i>165,229</i>	<i>9,444,575</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>12,814,804</i>
<u>Other Costs</u>								
Strategic Information	1,050,000	154,712	2,061,000	0	0	0	0	3,265,712
Other/policy analysis and system strengthening	631,489	8,185	865,400	0	225,000	0	0	1,730,074
Management and Staffing	1,200,000	1,209,922	410,000	50,000	109,000	52,000	0	3,030,922
<i>Other Costs Sub-total</i>	<i>2,881,489</i>	<i>1,372,819</i>	<i>3,336,400</i>	<i>50,000</i>	<i>334,000</i>	<i>52,000</i>	<i>0</i>	<i>8,026,706</i>
AGENCY, FUNDING SOURCE TOTALS	25,214,024	2,336,680	19,345,220	161,114	674,000	315,000	0	48,046,038

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	25,214,024	USAID	25,214,024	Base (GAP)	2,336,680
HHS	21,681,900	HHS	19,345,220	GAC (GHAI)	45,709,358
DOD	161,114	DOD	161,114	Total	48,046,038
State	674,000	State	674,000		
Peace Corps	315,000	Peace Corps	315,000		
Labor	0	Labor	0		
Total	48,046,038	Total	45,709,358		

NAMIBIA

Project Title: Namibia FY 2005 Country Operational Plan (COP)

Budget Summary:

Agency	Funding Sources		
	GAP*	GHAI	TOTAL
HHS	1,500,000	13,076,272	14,576,272
USAID	0	19,318,725	19,318,725
DOD	0	1,137,278	1,137,278
State	0	97,841	97,841
Peace Corps	0	559,672	559,672
TOTAL Approved	1,500,000	34,189,788	35,689,788
Total Planned FY 2005			36,013,835
Total FY 2004			21,185,762

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Namibia:

- HIV Prevalence in Pregnant Women: 19.8% (2004 National HIV Sentinel Survey)
- Estimated Number of HIV-infected People: 230,000 (UNAIDS 2004)
- Estimated Number of Individuals on Anti-Retroviral Therapy: 5,000 (in public facilities); 3,000 (in private sector)
- Estimated Number of AIDS Orphans: 93,000 (estimates from MWACW)

Targets to Achieve 2-7-10 Goals:

Namibia	Individuals Receiving Care and Support	Individuals Receiving ART
End of FY 2004*	33,000	4,000
End of FY 2005	93,710	7,750
End of FY 2008	115,000	23,000

***Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment**

The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS

Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, August 2004

Program Description:

Namibia has a severe, generalized HIV epidemic that has expanded rapidly. This fact, in addition to an HIV prevalence of 19.8%, has placed Namibia among the top five most affected countries. The first AIDS case was reported in 1986, and 10 years later AIDS became the leading cause of death. Namibia, one of the most sparsely populated countries in Africa with a total population of 1.826 million, has an estimated 230,000 HIV-infected individuals. The HIV sero-prevalence rate among pregnant women has increased rapidly, from 4.2% in 1992 to 22% in 2002, declining to 19.8 in 2004. There is no significant difference between rural and urban antenatal sero-prevalence rates and the overall prevalence of HIV in the general population is estimated at 17.9% (12.5% males, 18.9% females).

HIV transmission is almost exclusively through heterosexual contact or through mother-

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to-child transmission, and at-risk populations include migrant workers, truckers, the military, young women and girls along transportation routes, commercial sex workers, those who have sex after abusing alcohol, sexually active youth, out-of-school youth, and orphans and vulnerable children. The TB case rate of 628 cases per 100,000 in Namibia is the highest in the world (WHO 2003), with HIV co-infection estimated at greater than 50%. TB continues to be the leading cause of death for people with HIV/AIDS, even with the availability of antiretroviral therapy. Additionally, in spite of per capita GDP of \$1,173 Namibia has one of the world's highest rates of income disparity, high levels of poverty, and a lack of economic opportunity.

The following programmatic areas will be included in FY 2005 to mitigate the impact of the epidemic in Namibia:

Prevention: \$7,970,611

Prevention activities in Namibia include PMTCT, abstinence and faithfulness programs, blood and injection safety, and other prevention initiatives. Less than 25% of pregnant women currently receive PMTCT services. By March 2006, the Emergency Plan goal is to support an increasing coverage to 40% or to 16,000 women and to support full course ARV prophylaxis for 2,720 HIV-positive pregnant women. Resources support technical assistance, infrastructure improvements, personnel, counseling facilities, information systems, educational materials and equipment, training, transport, and management to support the current 24 hospitals providing PMTCT services and to expand to the remaining 10 hospitals. Abstinence and faithfulness programs, which started in 2001, will be rolled out further by the USG program in 12 of the 13 regions. The Emergency Plan Program will increase the capacity of school, faith and work-based programs for youth and families to provide prevention education including delay of sexual debut, abstinence, faithfulness and responsible decision-making.

Population-based door-to-door educational programs will be instituted for the first-time in four high-burden regions leveraging resources with the Global Fund. Increasing attention will be given to the promotion of being faithful among the large number of HIV-positive patients visiting health facilities, which to date has been a major missed opportunity. Approximately 100,000 youth, parents, teachers, church leaders, and workers and their families will be reached with abstinence and faithfulness messages by March 2006. Other prevention initiatives focus on HIV prevention education and increased condom use for mobile populations, uniformed services, truckers, border officials and sex workers. Efforts will increase condom use by 10%, educate over 10,000 military and police personnel, and reach 67,000 at-risk civilians.

Principal Partners: Catholic AIDS Action, Catholic Health Services, Chamber of Mines, Change of Lifestyles (COLS), Development Aid People to People (DAPP), Family Health International/IMPACT, Fresh Ministries, Inc (Track 1), International Training and Education Center on HIV/AIDS (ITECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), Lifeline-Childline, Lutheran Medical Services, Ministry of Health and Social Services, Namibia Institute of Pathology (NIP), Social Marketing Association of Namibia, Walvis Bay and Sam Nujoma Multipurpose Centers, and World Lutheran Federation.

Care: \$11,179,584

Care activities in Namibia include counseling and testing (CT), clinical care, palliative care and support for orphans and vulnerable children (OVC). CT services outside of health facilities were not available in Namibia until 2003 when six freestanding centers were launched. In 2004, the USG supported the introduction of rapid HIV testing, capacity building in CT training, and assumed running costs for 12 FBO/NGO centers, including five CT centers previously supported by the EU and seven new centers. In FY 2005, an additional seven CT centers will be established (five freestanding and two mobile) bringing the total to 19 funded through the Emergency Plan (an additional two will be funded by the GF and one by the EU). CT services will be expanded through the introduction of 200 community counselors and rapid HIV testing for the first time in all 34 public hospitals (both MoHSS and Mission) for a total of 51 CT testing sites. Routine provider-initiated counseling and testing will be promoted for HIV/AIDS-related conditions, including STIs, TB and other OIs, to improve access of PLWA to prevention, care, and treatment. USG assistance to CT will result in 87,000 new clients/patients knowing their HIV status by March 2006.

Linkages between non-ART care and counseling, testing, and referral services will be strengthened within and across the network, including the community. Extending palliative care peripherally within the health network from hospitals to health centers and clinics and then to home-based care will be an important priority in 2005. Training capacity will be expanded to strengthen the role of nurses in basic care. Approximately 14,000 HIV-infected individuals will be reached with palliative care services by March 2006. Community-based programs managed by faith-based organizations (FBOs) will be strengthened to increase technical and management capacity, while new partners will be identified to increase service coverage. Directly-Observed Therapy, Short Course (DOTS) service points will be expanded to provide direct support to patients with TB/HIV. Namibia's population of orphans and vulnerable children (OVC) are primarily attributable to HIV (93,100 of a 131,120 total). Namibia has a strong OVC program with a Namibian government funded \$Nam10 million OVC Trust Fund. Currently, USG services provide care to approximately 27,000 OVC in nine regions and plans to develop the capacity of new partners to serve OVC. A total of 93,000 OVC served by USG programs will be reached by March 2006.

Principal Partners: Catholic AIDS Action, Catholic Health Services, Church Alliance for Orphans (CAFO), Council of Churches in Namibia (CCN), Evangelical Lutheran Church in the Republic of Namibia - AIDS Program (ELCAP), Evangelical Lutheran Church in Namibia (ELCIN), Family Health International IMPACT, International Training and Education Center on HIV/AIDS (ITECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), Lutheran Medical Services, Ministry of Health and Social Services, Ministry of Women Affairs and Child Welfare, Namibia Institute of Pathology (NIP), Philippi Namibia, Potentia, Social Marketing Association of Namibia.

Treatment: \$8,418,522

The USG supported initiation of ART services in 12 MOHSS and five faith-based hospitals in 2004, which supported more than 4,000 patients on ART as of December 2004. ART sites will be expanded to the remaining 17 MoHSS hospitals to reach a target of 11,000 patients by March 2006. The high demand for services, however, has created

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considerable strain on the institutional and financial capacity of the MoHSS, resulting in clinic congestion and long waiting lists for evaluation and treatment. The Ministry of Health and Social Services has purchased essentially all ARV drugs to date, but increasing support is anticipated in early 2005 from the Global Fund for AIDS, TB and Malaria (GFATM) and Bristol-Myers Squibb will support 750 patients through 2006 in one region. Access to ART is primarily limited by the lack of counselors and health professionals to support and care for patients and by limitations of hospital infrastructure. The USG is providing technical assistance for national program management, pharmaceutical management and logistics, senior health care personnel, funding for laboratory services, training, infrastructure improvements, information system development, and limited ARV drug procurement. Support in FY 2005 will be increased to consolidate services at the existing 17 sites and expand ART to 17 additional hospitals. In addition to direct support to the public sector, the USG provides indirect support through the private sector, which provides ART to approximately 3,000 patients.

Principal partners: Catholic Health Services, Family Health International/IMPACT, International Training and Education Center for HIV (ITECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), National Health Training Center, Lutheran Medical Services, Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+), Ministry of Health and Social Services, Namibia Institute of Pathology (NIP), Potentia, and Social Marketing Association of Namibia.

Other Costs: \$8,121,071

Strategic Information (SI) services in 2005 will focus on consolidating the USG-supported national health information systems in existing sites and expanding to new sites for PMTCT and ART, strengthening the HIV sentinel surveillance survey protocol for 2006, targeted evaluations to improve program performance, completing the HIV/AIDS component of the Demographic and Health Survey, and a national health facility survey. The use of information from program monitoring, e.g. PMTCT, ART, OVC, etc will be used to improve reporting, dissemination of results, and to assist decision-making to improve overall program performance. SI interventions will improve both the capacity of the USG team to monitor progress towards reaching the 2-7-10 goals and Namibian counterparts to monitoring progress towards the achievement of national program goals.

Principal Partners: Family Health International/IMPACT, Johns Hopkins University Health Communications Partnership (JHU/HCP), Measure Evaluation, Ministry of Health and Social Services, the National Planning Commission's Central Bureau of Statistics, Research Facilitation Services, and Potentia.

Cross-cutting activities will focus on human resource development, organizational capacity building, community mobilization and advocacy and benefit education. Investments in HIV/AIDS integration within pre-and-in-service training programs for health care workers and the use of technology for training and communication will result in immediate and longer-term human capacity building. Targeted work with NGOs and FBOs will strengthen organizational capacity and sustainability of HIV/AIDS prevention, care, and support efforts. Community Action Forums will be formed as a result of

Community Mobilization Activities to increase advocacy, commitment, and uptake of VCT, PMTCT and ART services and adherence and leveraging of resources.

Principal Partners: International Training and Education Center for HIV (ITECH), Family Health International/IMPACT, Family Health International/ Youthnet, Johns Hopkins University Health Communications Partnership (JHU/HCP), Legal Assistance Center/AIDS Law Unit, Lifeline-Childline, Ministry of Health and Social Services, National Health Training Center, Namibia Institute of Pathology (NIP), Potentia, UNAIDS, and University of Namibia.

Administrative Costs will support the program and technical assistance required to implement and manage the Emergency Plan activities. DOD, DOS, HHS/CDC, Peace Corp and USAID personnel, travel, management, and logistics support in country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

A total of 16 other development partners work on HIV/AIDS issues in Namibia. In addition to the GFATM, development partners range from European countries (EC, Germany, Spanish Cooperation, Sweden, and Finland), to the UN (WHO, UNICEF, UNFPA, UNDP), to Bristol-Myers Squibb. While the USG is the largest donor, the GFATM has approved \$26 million over two years for HIV/AIDS. GFATM money supports ART and care services, OVC programs, workplace HIV programs, support for home and community-based care, TB control, VCT, PMTCT-Plus and community outreach services. The National Multi-Sectoral AIDS Coordinating Committee (NAMACOC), supported by the National AIDS Coordination Program (NACOP) as Secretariat, is responsible for donor coordination and implementation of HIV/AIDS activities in the country. The membership of the committee consists of the Secretaries of all government ministries, major development partners (including USG representatives), NGOs, FBOs, trade unions and private sector organizations. The USG, along with the EU are co- chairs of the Partnership Forum (bi and multi- lateral agencies that support coordination of HIV/AIDS development partner programs). The USG team will work with the Namibian government to ensure coordination of HIV policy and programs.

Program Contact: Ambassador Joyce Barr

Time Frame: FY 2005 – FY 2006

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SUMMARY BUDGET TABLE - NAMIBIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	1,658,390	0	1,039,398	0	0	0	0	2,697,788
Abstinence/Be Faithful	1,877,155	0	499,930	0	0	0	0	2,377,085
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	1,393,344	0	307,639	850,206	0	344,549	0	2,895,738
<i>Prevention Sub-total</i>	<i>4,928,889</i>	<i>0</i>	<i>1,846,967</i>	<i>850,206</i>	<i>0</i>	<i>344,549</i>	<i>0</i>	<i>7,970,611</i>
Care								
Palliative Care: Basic health care & support	1,312,097	0	2,065,444	0	0	0	0	3,377,541
Palliative Care: TB/HIV	24,000	0	295,125	0	0	0	0	319,125
OVC	1,621,012	0	0	0	0	0	0	1,621,012
Counseling and Testing	4,737,588	0	1,124,318	0	0	0	0	5,861,906
<i>Care Sub-total</i>	<i>7,694,697</i>	<i>0</i>	<i>3,484,887</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>11,179,584</i>
Treatment								
Treatment: ARV Drugs	307,700	0	667,053	0	0	0	0	974,753
Treatment: ARV Services	2,623,724	0	4,087,847	287,072	0	100,126	0	7,098,769
Laboratory Infrastructure	0	0	345,000	0	0	0	0	345,000
<i>Treatment Sub-total</i>	<i>2,931,424</i>	<i>0</i>	<i>5,099,900</i>	<i>287,072</i>	<i>0</i>	<i>100,126</i>	<i>0</i>	<i>8,418,522</i>
Other Costs								
Strategic Information	1,999,545	0	718,528	0	0	0	0	2,718,073
Other/policy analysis and system strengthening	564,170	0	1,878,131	0	97,841	0	0	2,540,142
Management and Staffing	1,200,000	1,500,000	47,859	0	0	114,997	0	2,862,856
<i>Other Costs Sub-total</i>	<i>3,763,715</i>	<i>1,500,000</i>	<i>2,644,518</i>	<i>0</i>	<i>97,841</i>	<i>114,997</i>	<i>0</i>	<i>8,121,071</i>
AGENCY, FUNDING SOURCE TOTALS	19,318,725	1,500,000	13,076,272	1,137,278	97,841	559,672	0	35,689,788

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	19,318,725	USAID	19,318,725	Base (GAP)	1,500,000
HHS	14,576,272	HHS	13,076,272	GAC (GHAI)	34,189,788
DOD	1,137,278	DOD	1,137,278	Total	35,689,788
State	97,841	State	97,841		
Peace Corps	559,672	Peace Corps	559,672		
Labor	0	Labor	0		
Total	35,689,788	Total	34,189,788		

NIGERIA

Project Title: **Nigeria FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources		
Agency	GAP*	GHA1	TOTAL
CDC	\$3,055,466	\$25,864,461	\$28,919,927
USAID		\$44,415,115	\$44,415,115
DOD		\$4,749,163	\$4,749,163
State		\$74,438	\$74,438
TOTAL Approved			\$78,158,643
Total Planned FY 2005			84,358,642
Total FY 2004			55,491,358

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Nigeria:

- HIV Prevalence in Pregnant Women: 5.0% (2003)
- Estimated Number of HIV-Infected People: 3,500,000
- Estimated Number of Individuals on Anti-Retroviral Therapy:
 - 14,300 in public facilities
 - 10,000 in private sector
- Estimated Number of AIDS Orphans: 1,800,000

Targets to Achieve 2-7-10 Goals:

Nigeria	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	28,000	16,000
FY 2005	522,700	75,628
FY 2008	1,750,000	350,000

***Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State
August 2004

Program Description:

Nigeria is the largest country in Africa with at least 135 million citizens, accounting for 47% of the West African region's population. Under the Federal system of government,

Nigeria has 36 states and a Federal Capital Territory (FCT); at an average of 3.2 million inhabitants, many states are larger than some entire African countries. The states are further divided into 774 Local Government Areas (LGAs). Constitutionally, Federal, State and Local governments have concurrent responsibilities for health, and donor partners working in Nigeria must coordinate and collaborate with health services at each of these levels. In addition, Nigeria has extensive, though poorly regulated private health services. The military, industry and NGOs are other important sources of health care.

Prevention: \$14,283,199

Prevention activities in Nigeria include PMTCT, abstinence and faithfulness programs, blood and injection safety, and other prevention initiatives including those focused on high-risk communities. PMTCT services are well established in four Centers of Excellence (COE) and nine satellite facilities in four focus states. During the next four years, they will be further expanded and spread statewide into the public and private secondary and primary health care facilities that provide the bulk of antenatal care (ANC) services. New focus states will follow the same pattern: the establishment of a COE if none exists and then services moving into secondary and primary facilities throughout the states.

The participation of private sector facilities, especially those run by FBOs, will be enhanced, as will the participation of the ubiquitous private maternity clinics run by nurse midwives. Funds will support infrastructure improvements, provide personnel, counseling facilities, educational materials and equipment, training, transport, and management to support the expansion of PMTCT services. Abstinence and faithfulness programs commenced in 2004 and the USG will further expand these programs in FY 2005. The Emergency Plan Program will increase the capacity of school-based groups, faith-based youth networks, and workplace prevention programs. Approximately three million youth, parents, teachers, and church leaders will be reached with abstinence and faithfulness messages by 2005. Other prevention initiatives focus on most at-risk populations (MARPS). For example, STOPAIDS will focus their prevention efforts at Mile 3 and Abali major interstate motor marks in Port Harcourt, Rivers State. They will target out of school youth (13-30) and will involve youth in a participatory manner and encourage them to reduce or eliminate risky behaviors.

Principal Partners: Family Health International (FHI), the University of Maryland, and the Futures Group International are prime partners. Other core partners include Safe Blood for Africa Foundation, STOPAIDS, Christian Health Association of Nigeria (CHAN), Catholic Relief Services (CRS), and the Society for Family Health (SFH, a Nigerian NGO).

Care: \$17,576,717

Care activities in Nigeria include voluntary counseling and testing (VCT), clinical care, palliative care and support for orphans and vulnerable children (OVC). Bringing 350,000 persons to ART by 2008 will require providing VCT services to between seven and 13

million individuals in the next five years (depending on HIV prevalence). The target for 2005 is to test 350,000 clients. To increase uptake of counseling and testing services at the health facility level, USG will implement routine testing (based on an opt-out approach) in all collaborating PMTCT/ANC, sexually transmitted infections (STI), TB and family planning sites. USG will pilot family VCT in 4 states. If the program is successful, it will be replicated in all 22 states. USG will also support the development of stand-alone VCT sites, which are linked to treatment and care services. Finally, USG will support the creation of user-friendly VCT services, especially for youth and MARP.

The Federal Government of Nigeria (FGON) has acknowledged the need for palliative care and has set national targets for 2010 of 50% of health institutions offering effective quality care and management for HIV/AIDS and at least 20% of all LGAs offering home-based care services to PLWHAs in their communities. The USG will promote access to home-based care and strengthen networks of health care personnel, community health workers, and promoters to provide nursing care and psychosocial support. In addition, USG will promote HIV testing within TB facilities and, where necessary, the provision of care and treatment for HIV positive TB clients. TB facilities will be encouraged to develop linkages with care and treatment as well as other services such as malaria prevention.

The USG will support the Federal Ministry of Women Affairs and Youth Development to develop national guidelines and policies, which address the needs of OVC. The USG will support a community network to implement a household/family-based strategy for OVC. The USG will also support interventions to advocate and mobilize a broad range of stakeholders to raise awareness of OVC issues.

Principal Partners: German Leprosy Relief Association, University of Maryland, FHI, Harvard, Society for Family Health, WHO, Catholic Relief Services, Africare

Treatment: \$28,499,566

Treatment activities in Nigeria include anti-retroviral therapy (ART) and PMTCT-Plus programs. USG efforts to date have been based in eight of the 25 FGON service sites, located in Oyo, Borno, Lagos, Kano, Anambra, Edo, and Plateau States and the FCT. The FGON has recommended expansion of ART programs in five locations where USG currently has activities: Lagos, Edo, Kano, and Anambra States and the FCT. The USG does not anticipate further expansion of activities in Plateau State. The FGON has requested that USG initiate activities in three states in the near term that have HIV prevalence rates above the national average: Niger (7.0%), Cross River (12.0%), and Adamawa (7.6%). Currently, there are no government-sponsored ART programs in these three states. The USG will also initiate or expand activities in 16 high or moderate prevalence states through an innovative search for new partners currently operating health care networks. At the same time USG programs will integrate HIV-AIDS patient care with tuberculosis DOTS programs in 14 states and will enhance the ability of the Nigerian military to treat and care for PLWHA in an additional 7 states. The USG will

support activities outside the sixteen sites negotiated with the FGON in order to build on USG investments in programs that are achieving results.

Principal partners: University of Maryland, Harvard University, FHI, DOD

Other Costs: \$17,799,161

Strategic information activities will focus on supporting the GON's surveillance efforts such as National Response Information Management System (NNRIMS), sentinel surveillance, building an internal USG/Nigeria results reporting system, and collecting Emergency Plan strategic indicators from our implementing partners.

Principal Partners: MEASURE, FHI, Harvard, DOD, JSI/DELIVER, PHR plus, and CDC.

Policy efforts will focus on strengthening the capacities of national multi-sectoral bodies to lead and coordinate the response to HIV/AIDS. USG partners will also provide technical assistance for protocol development and dissemination and strengthen national level financial planning and resource allocation for HIV/AIDS.

Principal Partners: National Democratic Institute (NDI), ENHANSE.

Management and staffing funds will support the program and technical assistance required to implement the increasingly complex and integrated Emergency Plan activities within a country such as Nigeria. USAID, CDC, NIH, DOD, and PAS personnel, travel, management, and logistics support in country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The U.S. Government partners include USAID, HHS/CDC, HHS/NIH, State Department, the Department of Labor and the Department of Defense. In addition to U.S. Government partners, development partners include the Global Fund, World Bank, UNAIDS, DfID, JICA, CIDA, WHO, UNICEF, and the CCM (GFATM). Others include ADB, ILO, Italian Cooperation, UNDP, UNDCP, UNFPA, and UNIFEM.

A World Bank/IDA 5-year credit worth \$105 million is available for 18 states and the FGON. UNICEF has done innovative work in training peer educators among National Youth Service Corps members prior to their community postings. CIDA is preparing to launch a \$5 million project to support community based grants. The Bill and Melinda Gates Foundation is the largest source of private foundation support, in addition to the Ford, Packard and McArthur Foundations. A unique example of donor collaboration is the joint DfID-USAID "Make We Talk" Project that combines community mobilization and mass media communication to prevent HIV transmission in hotspot communities across the nation. The Global Fund has approved \$28 million over two years for HIV/AIDS, to support the expansion of ART and PMTCT and the promotion of civil society's role in the HIV/AIDS response.

The National Action Committee for AIDS (NACA) has the primary role in assuring donor coordination. NACA serves as secretariat for the Presidential Action Committee (PAC), and is responsible for coordination, implementation, and minimizing duplication and overlap of HIV/AIDS activities in the country. NACA involves representatives of all Nigeria government ministries, major development partners (including USG representatives), NGOs, FBOs, trade unions and private sector organizations. The USG team will work with the Nigeria government to ensure coordination of HIV policies and programs.

Program Contact: Ambassador John Campbell

Time Frame: FY 2005 – FY 2006

SECTION III

SUMMARY BUDGET TABLE - NIGERIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
<u>Prevention</u>								
PMTCT	1,425,973	0	3,473,089	77,000	0	0	0	4,976,062
Abstinence/Be Faithful	5,743,928	0	0	0	0	0	0	5,743,928
Blood Safety	730,550	0	250,865	0	0	0	0	981,415
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	2,456,794	0	125,000	0	0	0	0	2,581,794
<i>Prevention Sub-total</i>	<i>10,357,245</i>	<i>0</i>	<i>3,848,954</i>	<i>77,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>14,283,199</i>
<u>Care</u>								
Palliative Care: Basic health care & support	7,102,525	0	975,325	200,000	0	0	0	8,277,850
Palliative Care: TB/HIV	899,944	0	612,774	200,000	0	0	0	1,712,718
OVC	2,880,547	0	0	0	0	0	0	2,880,547
Counseling and Testing	4,136,413	0	150,000	419,189	0	0	0	4,705,602
<i>Care Sub-total</i>	<i>15,019,429</i>	<i>0</i>	<i>1,738,099</i>	<i>819,189</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>17,576,717</i>
<u>Treatment</u>								
Treatment: ARV Drugs	8,719,250	0	4,200,000	100,000	0	0	0	13,019,250
Treatment: ARV Services	1,772,500	0	7,200,000	767,658	0	0	0	9,740,158
Laboratory Infrastructure	272,500	0	4,300,000	1,167,658	0	0	0	5,740,158
<i>Treatment Sub-total</i>	<i>10,764,250</i>	<i>0</i>	<i>15,700,000</i>	<i>2,035,316</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>28,499,566</i>
<u>Other Costs</u>								
Strategic Information	1,906,465	0	1,282,874	317,658	0	0	0	3,506,997
Other/policy analysis and system strengthening	1,820,000	0	0	0	0	0	0	1,820,000
Management and Staffing	4,547,726	3,055,466	3,294,534	1,500,000	74,438	0	0	12,472,164
<i>Other Costs Sub-total</i>	<i>8,274,191</i>	<i>3,055,466</i>	<i>4,577,408</i>	<i>1,817,658</i>	<i>74,438</i>	<i>0</i>	<i>0</i>	<i>17,799,161</i>
AGENCY, FUNDING SOURCE TOTALS	44,415,115	3,055,466	25,864,461	4,749,163	74,438	0	0	78,158,643

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	44,415,115	USAID	44,415,115	Base (GAP)	3,055,466
HHS	28,919,927	HHS	25,864,461	GAC (GHAI)	75,103,177
DOD	4,749,163	DOD	4,749,163	Total	78,158,643
State	74,438	State	74,438		
Peace Corps	0	Peace Corps	0		
Labor	0	Labor	0		
Total	78,158,643	Total	75,103,177		

RWANDA

Project Title: **Rwanda FY 2005 Country Operational Plan (COP)**

Budget Summary:

Agency	Funding Sources		
	GAP*	GHAI	Total
HHS	1,134,922	10,117,559	\$11,252,481
USAID		27,292,701	27,292,701
DOD		1,474,929	1,474,929
State		52,614	52,614
Total Approved	1,134,922	38,937,803	40,072,725
Total Planned FY 2005			41,072,725
Total FY 2004			27,973,778

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Rwanda:

- HIV Prevalence in Pregnant Women: 5.1% (2004)
- Estimated Number of HIV-Infected People: 170,000-380,000 (2004)
- Estimated Number of Individuals on Anti-Retroviral Therapy: 5,400 (September 2004)
- Estimated Number of AIDS Orphans: 160,000 (2004)

Targets to Achieve 2-7-10 Goals*

Rwanda	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	20,000	4,000
FY 2005	42,241	14,135
FY 2008	250,000	50,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"

The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS
Submitted by the Office of the Global AIDS Coordinator, U.S. Department of State, August 2004

Program Description:

Rwanda is the most densely populated country in Africa, with a total population of 8.4 million and an estimated 170,000 to 380,000 HIV-infected individuals. Some 60% of the population lives in poverty and over 90% is involved in agriculture, mostly subsistence farming. During the genocide in 1994, mass rape, sexual torture, and psychological trauma were common. The massive population flows that accompanied and followed the genocide resulted in new urban and rural settlement patterns and uncertainty regarding HIV prevalence rates. New potential populations at risk were created, including a prison population of nearly 100,000 inmates, many of whom will be released from custody in

the next 2-3 years. Despite its difficult recent history, Rwanda is rapidly transitioning from a post-conflict state to a stable, progress-oriented and more democratic country.

In FY2004, Emergency Plan efforts focused on the rapid deployment of ART, PMTCT and CT sites to provide immediate relief for HIV-infected Rwandans. Activities featured direct provision of treatment and care by implementing partners, rapid initiation of prevention programs and significant investment in institutional capacity building. In FY 2005, the Emergency Plan in Rwanda will expand direct site support while increasing emphasis on local capacity development and accelerating transition to local program management. The 2005 Country Operational Plan also will enhance coordination with other donors to develop common standards and broader coverage of services.

Two competitive local procurements will focus on building local capacity and engaging local partners. Increased funding for these procurements in each subsequent year, and increased capacity will allow an increasing portion of the growing total to be directed to local organizations. The first procurement, focusing on Community Services, will build on the strengths of 1,300 elected community-health workers and expand local capacity in service delivery across most Emergency Plan interventions. It will finance community support (through CBOs and FBOs) of PMTCT, CT, ART, Abstinence and Fidelity, Other Prevention, Palliative/Basic Health Care and OVC services. An implementer will be selected through competition to make subgrants and subcontracts to local organizations, and to provide technical assistance to build managerial, financial and technical capacity in the local groups. By the end of the first year, 25% of procurement funds will be managed by local organizations. In the later stages, local organizations will have increased their managerial capacity to the level necessary to directly manage USG funds.

A second procurement for HIV/AIDS Performance-Based Financing will encourage efficient delivery of HIV/AIDS services and strengthen service-delivery networks. Rwanda has already successfully introduced performance-based financing mechanisms for non-HIV health services. Applying this same model to the delivery of HIV/AIDS clinical services will encourage more efficient, higher quality service delivery at PMTCT and CT sites. The multiyear procurement will provide TA to the National Department of Health Care (DSS) for the design of the finance mechanism and will build DSS's capacity to coordinate PMTCT/CT service delivery at the decentralized level (these services are currently coordinated by TRAC at the central level). As DSS capacity grows, funding to international partners will decrease and Emergency Plan funds will be increasingly directed to DSS, which will contract with district health teams and facilities for the provision of quality services. Financing will be based on productivity and quality-of-service indicators for CT, PMTCT, palliative/basic and possibly ART care. In later stages, district health teams and facilities will have developed the linkages and capacity needed to contract directly with donors for provision of HIV/AIDS services.

The FY 2005 COP places increased attention on strengthening the national multi-sectoral response to the epidemic, by strengthening the capacity of new government and non-governmental partners. Access to treatment, care and prevention will be expanded through support for FBOs and CBOs, as well as through capacity building in GOR

entities. The Emergency Plan will directly provide ART services in eight of Rwanda's 12 provinces. Coordination will establish a standard level of care across all donors, implementers and locations in Rwanda.

Prevention: \$7,959,400

FY 2005 prevention activities take on a variety of non-clinical initiatives as well as clinical prevention of mother-to-child transmission, blood safety programs, and the promotion of safe medical injection practices.

Rwanda has a strong tradition of abstinence and faithfulness programs, implemented primarily through community- and faith-based organizations at the local level. However, implementation has not been coordinated, and messages have not been consistent across programs. The GOR recognizes this lack of coordination and, with support from the USG, has developed a National Prevention Plan. The Prevention Plan, in conjunction with the National HIV/AIDS Strategic Framework, establishes mechanisms for coordinating messages and efforts at the local and national levels. Radio dramas and audio/video "Abstinence-Be Faithful" materials will be developed and used nationwide through church and faith networks. Emergency Plan support will also significantly expand the prevention campaign within the military.

In FY 2004, a variety of prevention activities were piloted on a local level, with significant success. For FY 2005, the most successful pilot programs will be expanded, with coordinated local and/or regional prevention activities supported through the Community Service procurement. Through the procurement and other Emergency Plan activities, USG will coordinate national mass media campaigns targeting high-risk groups (child-headed households, discordant couples, CSWs, police and military) and provide support for national networks. In addition, USG will launch a new Healthy Schools project in collaboration with the Ministry of Education (MINEDUC). Through international TA and direct support, MINEDUC will adapt and implement the existing national prevention curriculum in secondary schools, and support school-based anti-AIDS clubs through small grants.

Clinical prevention will be strengthened on several fronts. The Emergency Plan will support the GOR policy of integrated service delivery, which calls for integration of PMTCT, CT, OI/TB, STI and basic health services for PLWHA into all health centers. New PMTCT/CT sites will be launched in referral areas for ART sites. USG will also assist Rwanda in developing and implementing innovative HIV testing programs to reach groups most at risk for HIV, including hospitalized patients, and home-based testing for families of PLWHA. Emergency Plan support for rapid planning and implementation of safe medical injection programs in Rwanda will further reduce the burden of HIV transmission. USG will support the National Program for Blood Transfusion (CNTS) to rapidly strengthen blood transfusion services by eliminating infected blood, promoting the appropriate use of transfusions, and increasing donations, coverage, and quality. No other donors are currently supporting blood safety programs in Rwanda.

Principal partners include: Centers for Disease Control and Prevention, Ministry of Education, Family Health International, Population Services International, World Relief, Sanquin Diagnostic Services, National Program for Blood Transfusion--Rwanda, John Snow Inc, Elizabeth Glaser Pediatric AIDS Foundation, IntraHealth, ORISE (Oak Ridge Institute of Science and Education), University Research Council, Treatment and Research AIDS Center.

Care: \$10,197,498

In FY 2005, the Emergency Plan will support innovative financing mechanisms to increase access to outpatient care at health centers. Because major barriers to basic/palliative health care are financial, investment in central infrastructure will be complemented by with financial support to health centers. The FY 2005 COP expands HIV clinical care services to health centers not yet providing ART. These services include basic care, palliative care (both clinic-based and home-based), treatment of opportunistic infections, and activities that improve the health and well being of PLWHA.

Through the HIV/AIDS Performance-Based Financing procurement, the Emergency Plan will provide mechanisms to cover some HIV outpatient drug costs and other limited costs, such as lab work, at health centers. This program will provide reimbursement to health centers for basic care services, including palliative care and OI treatment for PLWHA. The reimbursement rate and mechanism for basic care will be developed with the help of a resident health financing technical expert in the DSS. Quality of palliative care will be increased through development and implementation of clinical protocols.

The FY 2005 plan incorporates lessons learned and builds on achievements from previous experience with OVC programming. The 2005 COP will strengthen governmental systems and community structures, reduce fragmented and duplicative operations, apply a unified approach to meeting the needs of OVC across all implementing partners (i.e., agreement on package of services and its delivery), increase gender equitable service access and produce data on a common set of process and outcome indicators that will feed into the GOR's National Action Plan for OVC. The procurement will include national, regional and community strengthening as well as direct grants to local organizations that support OVC.

The Community Services procurement will also expand home-based care for PLWHA. The implementer will make sub-grants to CBOs and NGOs to support provision of home based care, enriched nutrition, micro-economic development, and basic health care services, including safe water, and malaria nets.

In the area of counseling and testing, USG will continue its support to the Treatment and Research AIDS Center (TRAC) for training and supervision of CT sites, revision of CT norms and guidelines, and national roll-out of CT services. New USG-supported CT/PMTCT sites will be launched to advance USG towards its five-year goal of supporting a minimum of 6 health centers per district in 6 of Rwanda's 12 provinces. As

part of the new Healthy Schools program, a CT campaign targeting teachers and high school students will be piloted at 10 schools in partnership with MINEDUC.

Principal partners include: Population Services International, Elizabeth Glaser Pediatric AIDS Foundation, Centers for Disease Control and Prevention, Columbia University Mailman School of Public Health, IntraHealth, Ministry of Education, Family Health International, ORISE (Oak Ridge Institute of Science and Education), Treatment and Research AIDS Center, CARE USA, Catholic Relief Services, World Relief, Drew University, World Relief.

Treatment: \$12,220,367

In FY2005, USG will support the rapid expansion of ARV treatment for HIV-positive individuals in eight provinces and build the capacity of Rwandan institutions for an accelerated transition to local management of all treatment activities. USG will continue its central-level support to the Treatment and Research AIDS Center (TRAC), the Rwandan agency charged with coordination of clinical HIV/AIDS services nationwide. This support will focus on building TRAC's capacity to 1) manage the rapid roll-out of ART services, 2) revise and expand ART norms and guidelines, 3) coordinate reporting and exchange of clinical treatment information between central institutions and service delivery sites, and 4) train all ART service providers. To ensure efficient drug procurement, storage and distribution systems, USG will provide technical and financial support to CAMERWA, the drug procurement parastatal in Rwanda. The Community Services procurement will support ART facilities to improve ART patient adherence to treatment through Community Service Coordinators at all USG sites. With USG support, the national network of Associations of People Living with HIV/AIDS and ART treatment programs will jointly determine the most cost-effective mechanism for improving adherence and assuring equitable financing of adherence support among ART sites.

The Emergency Plan will support a joint USG-GOR procurement of ARV drugs required for the three major ART programs currently in Rwanda: the Emergency Plan, the Global Fund and the World Bank MAP. These major donors will jointly purchase drugs based on their comparative advantages in procurement to reach the maximum possible number of patients, in accordance with GOR's National ARV Procurement Policy. USG support for laboratory infrastructure in FY 2005 will focus on strengthening key reference laboratory functions for HIV-related care and treatment. Support and TA for the NRL will improve laboratory capacity at the national level for HIV/AIDS testing, care and treatment, and strengthen a system of regional laboratories.

Principal partners include: Catholic Relief Services, Columbia University Mailman School of Public Health, Family Health International, Management Sciences for Health, Elizabeth Glaser Pediatric AIDS Foundation, Centers for Disease Control and Prevention, CARE USA, IntraHealth, Drew University, Association of Public Health Laboratories, US Department of Defense Naval Health Research Center, University Research Council, Treatment and Research AIDS Center.

Other Costs: \$9,695,460

USG will continue support to NRL and KHI to strengthen pre-service and in-service training capacity for laboratory technicians throughout the country. Generic standard operating procedures (SOPs) for HIV-related analyses, developed in FY 2004, will be implemented in sites throughout the country and reinforced by on-site adaptation and training. The Emergency Plan will also provide management and financial training to key GOR institutions, add an HIV/AIDS component to nurse pre-service training curriculum, and build capacity for HIV/AIDS program management through an HIV/AIDS Fellowship Program, to be managed by MINEDUC.

USG will assist the Department of Pharmacy in developing a National Drug Authority to address issues such as drug registration, quality assurance, prescribing and dispensing authority, and narcotic regulation. Other program elements will strengthen HIV/AIDS capacity in CAMERWA (national drug procurement agency), the Minister for HIV/AIDS, CNLS, MIGEPROFE (the Ministry responsible for OVC) and the Ministry of Defense. The DSS will be supported with a technical advisor to implement performance based financing of HIV/AIDS services. A national policy on HIV/AIDS in the Workplace and a national strategy for HIV/AIDS Public Information will be developed. TRAC will receive technical assistance to develop capacity to create and print patient instructional materials for adherence support. The Ministry of Defense and Rwandan Defense Force will be provided significant support to expand services to soldiers and civilians in the communities around defense installations. National HIV surveillance capacity will be enhanced through training and support for new procedures such as drug resistance testing and HIV incidence assays.

Principal partners include: Association of Public Health Laboratories, Centers for Disease Control and Prevention, Columbia University Mailman School of Public Health, Drew University, Management Sciences for Health, Department of Defense, US Department of State, US Agency for International Development, CARE USA, IntraHealth, Tulane University, Ministry of Education, Family Health International, Population Services International, Department of Defense Naval Health Research Center, Treatment and Research AIDS Center, Measure Evaluation/University of North Carolina, Tulane University.

Other Donors, Global Fund Activities, Coordination Mechanisms:

USG is currently the largest donor for HIV/AIDS in Rwanda, with the Global Fund and the World Bank MAP also sponsoring key programs. Donor activity in Rwanda is coordinated through the HIV/AIDS Donor Cluster, organized under the auspices of UNDP. The Cluster includes 15 donor entities and representatives from several GOR entities. The USG plays a pivotal role in helping GOR coordinate donor resources, providing ongoing management assistance and capacity building for institutions in the Office of the Minister of State for HIV/AIDS and the Ministry of Health, and leading the HIV Donor Cluster. Coordination broadly supports the Rwanda National HIV/AIDS

Strategic Plan (2002-2006) and the GOR HIV/AIDS Treatment and Care Plan (2003-2007). Other development partners working in the area of HIV/AIDS in Rwanda include European countries (UK, Belgian, Dutch, German, French and Swedish entities), UN agencies (WHO, UNICEF, UNFPA, UNDP), and private foundations.

Program Contact: Chargé d’Affaires Henderson Patrick; Ken Miller, DCM

Time Frame: FY 2005 – FY 2006

SECTION III

SUMMARY BUDGET TABLE - RWANDA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
<u>Prevention</u>								
PMTCT	2,776,717	0	204,000	0	0	0	0	2,980,717
Abstinence/Be Faithful	2,458,683	0	371,000	0	0	0	0	2,829,683
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	1,824,000	0	0	325,000	0	0	0	2,149,000
<i>Prevention Sub-total</i>	<i>7,059,400</i>	<i>0</i>	<i>575,000</i>	<i>325,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>7,959,400</i>
<u>Care</u>								
Palliative Care: Basic health care & support	2,414,744	0	493,000	297,900	0	0	0	3,205,644
Palliative Care: TB/HIV	30,000	0	434,000	0	0	0	0	464,000
OVC	3,085,524	0	0	0	0	0	0	3,085,524
Counseling and Testing	2,588,330	0	854,000	0	0	0	0	3,442,330
<i>Care Sub-total</i>	<i>8,118,598</i>	<i>0</i>	<i>1,781,000</i>	<i>297,900</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>10,197,498</i>
<u>Treatment</u>								
Treatment: ARV Drugs	3,425,553	0	445,000	0	0	0	0	3,870,553
Treatment: ARV Services	3,817,414	0	2,400,000	172,800	0	0	0	6,390,214
Laboratory Infrastructure	150,000	0	1,419,000	390,600	0	0	0	1,959,600
<i>Treatment Sub-total</i>	<i>7,392,967</i>	<i>0</i>	<i>4,264,000</i>	<i>563,400</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>12,220,367</i>
<u>Other Costs</u>								
Strategic Information	650,000	0	2,156,435	233,100	0	0	0	3,039,535
Other/policy analysis and system strengthening	2,286,336	0	786,000	21,000	0	0	0	3,093,336
Management and Staffing	1,785,400	1,134,922	555,124	34,529	52,614	0	0	3,562,589
<i>Other Costs Sub-total</i>	<i>4,721,736</i>	<i>1,134,922</i>	<i>3,497,559</i>	<i>288,629</i>	<i>52,614</i>	<i>0</i>	<i>0</i>	<i>9,695,460</i>
AGENCY, FUNDING SOURCE TOTALS	27,292,701	1,134,922	10,117,559	1,474,929	52,614	0	0	40,072,725

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	27,292,701	USAID	27,292,701	Base (GAP)	1,134,922
HHS	11,252,481	HHS	10,117,559	GAC (GHAI)	38,937,803
DOD	1,474,929	DOD	1,474,929	Total	40,072,725
State	52,614	State	52,614		
Peace Corps	0	Peace Corps	0		
Labor	0	Labor	0		
Total	40,072,725	Total	38,937,803		

SOUTH AFRICA

Project Title: South Africa FY 2005 Country Operational Plan (COP)

Budget Summary:

	Funding Sources		
Agency	GAP*	GHAH	TOTAL
HHS	\$4,817,112	\$33,289,777	\$38,106,889
USAID	0	\$66,064,085	\$66,064,085
DOD	0	\$990,916	\$990,916
State	0	\$450,000	\$450,000
Peace Corps	0	\$173,740	\$173,740
TOTAL Approved	\$4,817,112	\$100,968,518	\$105,785,630
Total Planned FY 2005			106,675,630
Total FY 2004			65,424,371

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in South Africa:

- HIV Prevalence among Pregnant Women: 27.9 percent
- Estimated Number of HIV-Infected People: 5.6 million
- Estimated Number of Individuals on Anti-Retroviral Therapy: 56,000 (11,000 in public facilities)
- Estimated Number of AIDS Orphans: 1.1 million

Targets to Achieve 2-7-10 Goals:

South Africa	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	193,000	20,000
FY 2005	967,000	107,000
FY 2008	2,500,000	500,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State. August 2004

Program Description

Over the past decade South Africa has transformed itself into an egalitarian democracy, aggressively addressing social and economic challenges and the racial inequalities of its apartheid past. In spite of a high per capita GDP (\$3,443), 40% of South Africans live in poverty. In the first decade of democracy, adult HIV prevalence has risen from less than 3% to an estimated 21.5%. With 5.6 million citizens infected with HIV, South Africa has more infected adults and children than any other country in the world. South Africa's HIV epidemic is generalized and maturing, characterized by: (1) high levels of prevalence and asymptomatic HIV infections; (2) an infection rate that is beginning to plateau but is still high; (3) high infection rates among sexually active young people, other vulnerable and high-risk populations (mobile populations, sex workers and their clients, and uniformed services), and newborns; (4) vulnerability of women and girls; and (5) important regional variations with antenatal seroprevalence rates ranging from 13.1% to 37.5% in the nine provinces.

Though 75% of PLWHA are asymptomatic, South Africa is witnessing increased levels of immunodeficiency and HIV-associated morbidity, frequently manifested by tuberculosis, pneumonia and wasting. The cure rate for TB is low (54% in 2001), and treatment interruption rates remain high (12%) heightening concern for development of Multi-Drug Resistant TB. AIDS-associated mortality is high (370,000 AIDS deaths in 2003) with large increases in HIV mortality among young adults and children (40% of under-five mortality is associated with HIV in 2000). As mortality increases, so too will AIDS orphans, already numbering 1.1 million.

The USG Emergency Plan program in South Africa will provide support to public, private and NGO sector HIV activities at the national, provincial and local levels, focusing on the following program areas in FY05.

Prevention: \$ 23,013,275

Prevention activities in South Africa include PMTCT, abstinence and faithfulness programs, mass and community-based communications programs, blood and injection safety, and other prevention initiatives.

As of July 2004, the coverage of PMTCT services was about 55% nationally, with approximately 2,064 PMTCT sites providing some level of service. The Emergency Plan will support: (1) the expansion and strengthening of the South African PMTCT program by improving service quality, building the capacity of professional and lay health care workers, and by developing effective logistic and information systems; (2) programs that create increased awareness and demand for quality PMTCT service delivery at the community level; and (3) increased integration of PMTCT with other related HIV and PHC services. By September 2005, 50,000 pregnant women will have received PMTCT services with USG assistance.

USG agencies will support primary prevention with special emphasis on abstinence and faithfulness activities that are implemented through school- and community-based life-skills education programs. Through both community-based and large-scale NGO/FBO programs the Emergency Plan will support youth and young people to delay sexual debut and practice abstinence, faithfulness and responsible decision-making. In addition, USG agencies will assist the Department of Health to increase the availability and use of condoms by high-risk groups. Other prevention initiatives focus on mass media efforts, safe medical practices and blood supply, and HIV prevention education for military personnel, women surviving on transactional sex, prison inmates and correctional officers, mobile populations, traditional healers, teachers, and trade unionists in all nine provinces of South Africa.

Principal Partners: USG South Africa partners with over 40 agencies in the prevention program area. South African Government partners include the National Departments of Health, Correctional Services, and Defense. International partners include Africare, Salvation Army World Services, Population Council, EngenderHealth, Johns Hopkins University, Hope Worldwide, John Snow Inc., Academy for Educational Development, Family Health International, American Center for International Labor Solidarity, Population Services International, and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include Health Systems Trust, Wits Health Consortium, University of Western Cape, Centre for HIV/AIDS Networking, Comprecare, Living Hope Community Center, Kasigio, Nelson Mandela Children's Fund, Soul City, and the Nelson Mandela School of Medicine, University of KwaZulu-Natal.

Care: \$ 32,048,386

Care activities in South Africa include basic palliative care and support, TB/HIV, support for orphans and vulnerable children (OVC), and counseling and testing (CT).

With 5.6 million HIV positive individuals, the clinical and palliative care needs of patients suffering from AIDS places a severe strain on health services. Accordingly, the Emergency Plan supports programs to increase the availability and quality of palliative care services, including providing training, technical and financial assistance to NGO, FBO and community-based and home-based care programs, hospice and palliative care organizations as well as public sector health facilities. Emergency Plan-supported care programs will reach over 250,000 HIV-positive individuals in need of care, and will provide palliative care training for up to 10,000 professional and lay caregivers.

South Africa has one of the highest estimated TB infection rates in the world with 55% of TB patients HIV-positive. With FY 2005 funding, USG agencies will support implementation of best practices to maximize integration of HIV/TB prevention, diagnosis, treatment and management programs, and to increase the effectiveness of referral networks between TB and HIV services. Through these programs, USG support will provide non-ART clinical care and prophylactic therapy to over 35,000 HIV infected individuals.

Care and support of orphans and vulnerable children (OVC) is a key component to mitigate the impact of the epidemic in South Africa, where an estimated 1.1 million children have lost at least one parent to HIV and AIDS. USG care and support of OVC in South Africa will provide financial and technical assistance to OVC programs focusing on mobilizing community- and faith-based organizations to improve the number and quality of services provided for OVC. These programs encompass the entire care and support continuum, including psychosocial and nutritional support, maximizing OVC access to government benefits, and strengthening OVC support through referrals for health care, support groups and training. These programs will provide services to at least 110,000 OVC.

Expanding the availability, access and quality of CT services is a critical component of the USG AIDS program in South Africa. Emergency Plan CT activities support NDOH efforts to expand current CT sites and services. The USG will continue to provide CT training for over 2,500 health staff and counselors in all nine provinces as well as training for NGOs, trade unions, and employers. All USG CT activities are intentionally linked to clinical care and support and/or treatment activities to assure that individuals testing positive have access to needed services. At least three USG programs will launch mobile CT programs aimed at high-risk populations, underserved communities and men. USG-supported testing will result in over 90,000 individuals knowing their HIV status by September 2005.

Principal Partners: USG South Africa partners with nearly 50 individual agencies in the care and support areas. South African Government partners include the National Departments of Health, Correctional Services, Social Development, and Defense, and the National Health Laboratory Service. International partners include Africare, Catholic Relief Services, Salvation Army World Services, Humana People to People, Population Council, EngenderHealth, Johns Hopkins University, Hope Worldwide, John Snow Inc., Academy for Educational Development, Family Health International, American Center for International Labor Solidarity, Columbia University, Harvard University, Population Services International, and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include Right to Care, Hospice and Palliative Care Association of South Africa, Wits Health Consortium, South African National Council of Child and Family Welfare, Broadreach Health Care, Aurum Health Research, Comprecare, Starfish, Nurturing Orphans for AIDS and Humanity (NOAH), HIVCARE, Living Hope Community Center, Nelson Mandela Children's Fund, Tshikululu Social Investments, and the Nelson Mandela School of Medicine.

Treatment: \$ 33,099,971

In 2003 the SAG took the historic step of developing a comprehensive plan to implement a nationwide ARV treatment program. This plan provides an ideal opportunity for the USG to contribute to the SAG target of universal access to ARV services by 2008. Based on best practices and expertise in the private and public sectors, the USG program will strengthen comprehensive care for HIV-infected people by: (1) scaling-up existing effective programs; (2) initiating new treatment programs; (3) providing direct treatment

services; (4) increasing the capacity of the National and Provincial Departments of Health to develop, manage and evaluate AIDS treatment programs, including the training of health workers; and (5) increasing demand for and acceptance of ARV treatment through mass communication campaigns and community mobilization. USG agencies will provide support for at least ten ARV treatment programs operating in the public, private and NGO sectors and providing comprehensive, high quality ARV treatment services to 107,000 individuals. Because the South African Government is committed to purchasing all ARV drugs required for all public sector treatment sites, the USG will be purchasing a limited amount of ARVs for its NGO and private sector programs. Building local human capacity is a key feature of the USG's treatment program, and the USG will support training in ARV therapy for 10,000 service providers.

Principal Partners: USG South Africa partners with 40 individual agencies in the treatment program areas. South African government partners include the National Departments of Health, Correctional Services, and Defense, and the National Institute for Communicable Diseases. International partners include American Center for International Labor Solidarity, Catholic Relief Services, Population Council, Absolute Return for Kids (ARK), JHPIEGO, John Snow Inc., Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, Management Sciences for Health, Population Services International, and the International Training and Education Center on HIV (I-TECH). Local South African partners include Foundation for Professional Development, Soul City, Right to Care, Wits Health Consortium, Broadreach Health Care, Medical Research Council of South Africa, Aurum Health Research, HIVCARE, the University of KwaZulu-Natal and Africa Center.

Other Costs: \$ 17,623,998

The USG will support NDOH to design and implement an integrated M&E system. To facilitate the management of the M&E process, the USG will establish a single consolidated data warehouse center that will serve as the focal point for all Emergency Plan data collected by the partners. Through collaboration and assistance to the SAG and strengthening of implementing partners' strategic information systems, the USG will also support specific targeted evaluations to improve programs, to identify potential new interventions, and to document best practices.

Principal Partners: USG South Africa partners with 20 individual agencies in strategic information, targeted evaluation and management and staffing program areas. South African government partners include the National Departments of Health, Correctional Services, and Defense, South African National Blood Service, and the National Institute for Communicable Diseases. International partners include Population Council, JHPIEGO, Macro International, Academy for Educational Development, Harvard University, The Futures Group, University of North Carolina, and the National Alliance of State and Territorial AIDS Directors. Local South African partners include Dira Sengwe, Medical Research Council of South Africa, University of KwaZulu-Natal, and Wits Health Consortium.

Management and Staffing costs will support the program and technical assistance required to implement and manage Emergency Plan activities. USAID, HHS, PC and DOD personnel, travel, management, and logistics support in country are included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest bilateral donor to South Africa's health sector, having provided a total of \$100 million in support in 2004, the majority of which is for HIV/AIDS prevention, care and treatment. The USG is one of nearly 20 bilateral and multilateral donors providing technical and financial assistance in support of South Africa's HIV and STI Strategic and Comprehensive Plans. In addition to the Global Fund, other major donors include the European Union, the United Kingdom, Belgium, Netherlands, Australia, France, Sweden and Germany. The Global Fund has approved five grants from South Africa, totaling \$65 million over two years for AIDS and TB programs. These grants provide funding to expand treatment services in the Western Cape, to provide a broad package of HIV prevention, treatment and care activities in KwaZulu-Natal, and to expand the integration of TB and HIV/AIDS services. The primary HIV/AIDS coordinating body is the South African National AIDS Council (SANAC). In addition to working with SANAC, the USG meets regularly with key officials of individual Ministries (Health, Social Development, Treasury, Defense, Education and Correctional Services) to ensure that USG assistance complements and supports the South African Government's plans for prevention, care and treatment.

Program Contact: Ambassador Jendayi E. Frazer or F. Gray Handley, Health Attaché/Interagency Coordinator

Time Frame: FY 2005 – FY 2006

SUMMARY BUDGET TABLE - SOUTH AFRICA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHA1 account)	Base (GAP account)	GAC (GHA1 account)	GAC (GHA1 account)	GAC (GHA1 account)	GAC (GHA1 account)	GAC (GHA1 account)	
Prevention								
PMTCT	3,902,860	0	2,610,000	80,916	0	0	0	6,593,776
Abstinence/Be Faithful	7,086,284	0	1,404,038	160,000	150,000	0	0	8,800,322
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	10,000	0	0	0	10,000
Other Prevention	4,944,459	1,000,000	1,524,718	140,000	0	0	0	7,609,177
<i>Prevention Sub-total</i>	<i>15,933,603</i>	<i>1,000,000</i>	<i>5,538,756</i>	<i>390,916</i>	<i>150,000</i>	<i>0</i>	<i>0</i>	<i>23,013,275</i>
Care								
Palliative Care: Basic health care & support	8,112,429	0	1,809,807	320,000	150,000	73,247	0	10,465,483
Palliative Care: TB/HIV	1,800,281	0	640,040	0	0	0	0	2,440,321
OVC	7,496,548	0	70,000	50,000	150,000	73,247	0	7,839,795
Counseling and Testing	4,557,798	0	6,594,989	150,000	0	0	0	11,302,787
<i>Care Sub-total</i>	<i>21,967,056</i>	<i>0</i>	<i>9,114,836</i>	<i>520,000</i>	<i>300,000</i>	<i>146,494</i>	<i>0</i>	<i>32,048,386</i>
Treatment								
Treatment: ARV Drugs	2,500,000	0	4,722,635	0	0	0	0	7,222,635
Treatment: ARV Services	16,470,442	0	8,724,648	0	0	27,246	0	25,222,336
Laboratory Infrastructure	0	0	655,000	0	0	0	0	655,000
<i>Treatment Sub-total</i>	<i>18,970,442</i>	<i>0</i>	<i>14,102,283</i>	<i>0</i>	<i>0</i>	<i>27,246</i>	<i>0</i>	<i>33,099,971</i>
Other Costs								
Strategic Information	3,602,984	584,355	3,518,902	80,000	0	0	0	7,786,241
Other/policy analysis and system strengthening	615,000	0	515,000	0	0	0	0	1,130,000
Management and Staffing	4,975,000	3,232,757	500,000	0	0	0	0	8,707,757
<i>Other Costs Sub-total</i>	<i>9,192,984</i>	<i>3,817,112</i>	<i>4,533,902</i>	<i>80,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>17,623,998</i>
AGENCY, FUNDING SOURCE TOTALS	66,064,085	4,817,112	33,289,777	990,916	450,000	173,740	0	105,785,630

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	66,064,085	USAID	66,064,085	Base (GAP)	4,817,112
HHS	38,106,889	HHS	33,289,777	GAC (GHAI)	100,968,518
DOD	990,916	DOD	990,916	Total	105,785,630
State	450,000	State	450,000		
Peace Corps	173,740	Peace Corps	173,740		
Labor	0	Labor	0		
Total	105,785,630	Total	100,968,518		

SECTION III

TANZANIA

Project Title: Tanzania FY 2005 Country Operational Plan (COP)

Budget Summary:

Agency	Funding Sources		
	GAP*	GHAH	TOTAL
State		\$261,933	\$261,933
HHS/CDC	\$1,365,605	\$11,504,109	\$12,869,714
USAID		\$31,973,950	\$31,973,950
DOD		\$3,627,294	\$3,627,294
Peace Corps		\$315,910	\$315,910
TOTAL Approved	\$1,365,605	\$47,683,196	\$49,048,801
Total Planned FY 2005			84,208,827
Total FY 2004			45,791,174

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Tanzania:

- HIV Prevalence in Pregnant Women: 9.6% (2003)
- Estimated Number of HIV-Infected People: 1,400,000
- Estimated Number of Individuals on Anti-Retroviral Therapy: 1,518
- Estimated Number of AIDS Orphans: 980,000

Targets to Achieve 2-7-10 Goals:

Tanzania	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	34,000	11,000
FY 2005^	51,250	26,363
FY 2008	750,000	150,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State
August 2004

^Given the reduced funding put forth for Tanzania at this time targets may need to be revised at the time of the semi-annual progress report.

Program Description:

The population of Tanzania is predominantly rural based with around 23% of Tanzanians living in urban environments and 77% in rural areas. The islands are slightly more urbanized; approximately 35% live in urban areas and 65% in rural areas. Almost two-thirds (62%) of the population of Zanzibar resides on the island of Unguja and 38% on Pemba. Females make up 51% of the population and males, 49%. Life expectancy in Tanzania is 54 years for males and 56 years for females.

Tanzania's mainland faces a generalized HIV/AIDS epidemic, with an 8.8% prevalence rate. Close to 85% of HIV transmission in Tanzania occurs through heterosexual contact, less than 6% through mother-to-child transmission and less than 1% through blood

transfusion. HIV is firmly established in Tanzania's urban and rural areas, particularly in high transmission trading centers, border towns, and along transport routes. Based on NACP surveillance reports, there continue to be significant regional variations in infection rates. Males and females are differentially affected with peak number of AIDS cases in females between 25-29 years while for males it is between 30-34 years.

The epidemic in Zanzibar is very different from the mainland. HIV prevalence on Unguja and Pemba is estimated at 0.6% for the general population. Although prevalence is low in Zanzibar, the islands remain at risk. HIV prevalence among pregnant women on the islands doubled from 0.3% in 1987 to 0.6% in 1997, with subsequent prevalence holding steady at less than one percent in 2000. Among blood donors, the rate increased from 0.5% in 1987 to 1.5% in 1998. Health indicators in Zanzibar show a high proportion of sexually transmitted infections (STIs), with 60% of STIs occurring among married couples.

The USG program in Tanzania combines the capacities of the Departments of State, Defense, and Health and Human Services, with those of the Agency for International Development and Peace Corps to implement an integrated program covering prevention, treatment, and care. These entities have come together to create a program that supports existing activities in Tanzania, and allows for a rapid expansion that is both unprecedented and would not be possible were it not for the Emergency Plan. This expansion takes into account expected inputs from the Global Fund, World Bank, bi- and multi-lateral donors and the Government of Tanzania itself.

The Emergency Plan's focus on implementation through the Network Model has been interpreted in Tanzania as a continuum of care, which includes the clinical network, and adds in the community and higher-level policy makers at each end. Strengthening and expanding health networks and the linkages within and between those networks is a critical aspect of supporting the continuum of care model and achieving the Emergency Plan's goals. The continuum of care model has become the guiding force moving the Tanzania program forward and has been embraced by the Government of Tanzania and donors alike.

Prevention: \$11,292,468

In August 2004, Tanzanian President Mkapa addressed the need for a full spectrum of HIV/AIDS prevention interventions in Tanzania. His public endorsement clearly supports Tanzania's National Multisectoral Strategic Framework on HIV/AIDS, embracing comprehensive prevention approaches and strategies to address the pandemic. Prevention is viewed as a fundamental link to care and treatment and vice versa in a full spectrum of support. Given the level of stigma and discrimination that exists throughout Tanzania, strong emphasis is needed to break negative community and social norms.

The USG program is well positioned to expand prevention activities in Tanzania and promote strong collaboration among existing interventions. While specifically targeted groups were a focus of prevention activities in Tanzania throughout the 1980s, prevention activities in recent years have focused largely on the general population. There is recognition of a need for a focus on targeting those who participate in high-risk activities including commercial sex workers, miners, truck drivers, and multiple partner behavior and trans-generational relationships. There will be an emphasis on discordant couples, married, and non-married men as well.

SECTION III

Specific activities will include supporting the scale up of coverage of PMTCT services to an additional 9 regions, and expanding abstinence programs to reach the growing number of youth who are both in and out of school. The FY 2005 activities will also continue the blood and injection safety activities initiated in FY 2004, while increasing the scale of these programs to provide national level coverage of blood safety programs, and integrating injection safety into pre- and in-service training. Prevention activities will also include a newly designed national level behavior change program linked to the social marketing of services and commodities, as appropriate.

Principal partners include: Mbeya, Rukwa, and Ruvuma Regional Medical Offices, the Elizabeth Glaser Pediatric AIDS Foundation, AMREF, the Ministries of Health and Social Welfare (Mainland and Zanzibar), KIHUMBE, the Jane Goodall Institute/TACARE, HealthScope/TZ - ISHI, YouthNet, TMARC, Ministry of Health/NACP, PharmAccess, JHPIEGO, Peace Corps, Deloitte, the Academy for Educational Development and Balm in Gilead.

Care: \$14,706,240

Palliative care in the context of the EP includes symptom management, opportunistic infection treatment and end of life care. Community home-based care is fundamental to delivery of palliative care. FY 2005 EP resources will be used to strengthen national and local institutions so as to scale up services for palliative care and HBC across the country, thus ensuring a needed continuum of care for chronically ill and AIDS patients. For home based care, the USG will support an approach in which service delivery including the dissemination of basic care packages is provided by a network of government, voluntary sector and private sector partners.

Care also includes care for orphans and vulnerable children. The GOT's definition of an "orphan" is a child below the age of 18 who has lost one or both parents. A "vulnerable" child is anyone below the age of 18 years, who is either currently experiencing or likely to experience lack of adequate care and protection. Current estimates indicate that there are between 1.1 and 1.9% million children orphaned by AIDS in Tanzania. There are significant challenges to scaling up a national response to support orphans and vulnerable children in a country as vast and diverse as Tanzania. Institutional capacities are weak: capacity strengthening, human resource development and systems building will be critical to achieving success over the course of the Emergency Plan. In addition to Emergency Plan resources, a number of other donor programs will be providing significant funds for OVCs in coming years. In a funding environment where many resources are targeting government, the USG comparative advantage lies in integrating technical assistance for institutional strengthening (of government, private sector and civil society partners) with service delivery resources through grants to civil society.

Principal partners include: Henry Jackson Foundation Medical Research International, KIHUMBE, Family Health International, CARE/Tumaini, Jane Goodall Institute/TACARE, Deloitte, Africare, Pathfinder International, Balm in Gilead, Mbeya, Rukwa, and Ruvuma Regional Hospitals, PATH, Pact, AMREF, and Ministry of Health/NACP.

Treatment: \$17,146,477

Activities to support general access, patient follow-up and the targeting of specific populations for ART by USG efforts initiated in FY 2004 will be continued into FY 2005. These include ART mass media education programs and services for HIV+ pregnant women and their family members and the specific improvement of pediatric care. Radio campaigns will be used to provide clear messages on ART and other HIV-related topics, dispelling myths and educating the public on specific service sites offering HIV prevention and care programs.

The primary focus of the treatment activities will be the scaling up of clinical treatment services for people living with AIDS. The initiation of these activities, though slower than expected, is poised to roll out to over 40 sites in 2005. With USG support for training, accreditation, service provision, and commodity procurement, including antiretrovirals, treatment services will be vastly expanded by year-end. Treatment, prevention, and care will all serve as mutually supporting activities and provide an opportunity to feed individuals into each cycle as appropriate.

USG efforts in improving pediatric care will be continued both at the national and local care provider level. This will include strengthening the pediatric components of the National HIV/AIDS Care and Treatment Guidelines and facilitating the training of medical personnel in provision of quality pediatric services.

Additional USG efforts will support the integration of home-based care (HBC) providers and dispensary personnel as part of the network of ART, linking them to ART facilities for training and support as a means of providing patient follow up and assistance in treatment adherence.

Principal partners include: JSI/Deliver, Medical Stores Department, Mbeya, Rukwa, Ruvuma Regional Hospitals, Mbeya Referral Hospital, PharmAccess, University Research Corporation, Deloitte, Family Health International, Management Sciences for Health, Muhimbili National Hospital, Elizabeth Glaser Pediatric AIDS Foundation, Catholic Relief Services, Columbia University, Ministry of Health: Diagnostics, and Regional Procurement and Supply Office.

Other Costs: \$5,903,616

The USG supports a wide range of effort in Tanzania to ensure a sound foundation for all HIV/AIDS activities. These are part of Tanzania's national response to HIV/AIDS, and include policy development, legislative review, stigma reduction, and capacity building of public, non-governmental, and private sector organizations involved in the response. These interventions provide necessary linkages between actors, programs, and government agencies. Recent achievements have included formulation of the National AIDS Policy, assessment of the impact of the AIDS Policy on laws as a means of safeguarding the rights of PLWHA, and national efforts to build the capacity of Council Multisectoral AIDS Committees which, in an environment of decentralization, will have a central role in building a community and district response to HIV/AIDS.

SECTION III

The USG has long supported cross-cutting processes as a means to improve the policy/institutional environment in which USG HIV/AIDS activities are developed at national and local levels. Examples for government include policy development and implementation; capacity building to strengthen strategic leadership and coordination capacity of TACAIDS and ZAC; and technical assistance for Global Fund processes (partnership facilitation; proposal preparation; and start up coordination). For the NGO and FBO sector, this includes strategic leadership and coalition building around critical issues for civil society organizations (FBOs, PLWHA organizations, and parliamentary networks).

USG is also actively involved with the GOT on human resource issues. The shortage of trained professionals to provide HIV/AIDS care and the related health programs in Tanzania has been described as “a crisis.” A task force headed by WHO has been identified to work with the GOT, but no national plan has been formulated as yet. This will be an upcoming focal area for the USG and other donors. Training is an essential intervention for improving HIV/AIDS related services, and it is an integral part of technical assistance offered by various partners. Following a request from NACP, the USG provided technical and financial support to the Ministry of Health/Department of Human Resource for Health Development to develop a strategy for effective training that will involve careful assessment of HIV/AIDS service delivery problems and root causes.

To support the overall achievements of the USG efforts in Tanzania requires a significant level of staffing across the different departments and agencies.

Principal partners include: Ministry of Health (NACP, ZACP, NTLP, and NIMR), TACAIDS, Measure/Evaluation, ORC/MARCO, PharmAccess, Management Sciences for Health, Futures Group/Policy Project, Pact, Family Health International, IntraHealth, and Balm in Gilead.

Other Donors, Global Fund Activities, Coordination Mechanisms:

USG agencies contribute budget information to the finance offices of the sectoral ministries with which they work, and to the Ministry of Finance, so as to ensure that USG funds are reflected in these documents. Illustrative donor and global initiatives that are currently funding Tanzania’s priorities include: the World Bank Tanzania Multisectoral AIDS Project (TMAP) – a 5-year \$70 million grant to support the NMSF; the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) – Tanzania Mainland and Zanzibar have received awards under rounds 1, 3 and 4 to date; and the Clinton Foundation HIV/AIDS Initiative – which has pledged of close to \$50 million in bilateral funds to support the care and treatment plan.

Major multi- and bilateral donor support is coordinated in Tanzania through the Development Partner Group (DPG)/ HIV/AIDS subgroup. The DPG HIV/AIDS includes representatives from most bilateral and multilateral agencies in Tanzania. The aim of the group is to enhance commitment and coordination among donors’ efforts to support the accelerated national response to HIV/AIDS. The USG is an active member of the HIV/AIDS group. The Government of Tanzania established a Global Fund Country Coordinating Mechanism (GFCCM) in response to the GFATM’s first call for proposals.

The GFCCM, of which the USG is a member, has broad government, voluntary and private sector and donor representation.

Program Contact: Charge d’Affaire, US Embassy Tanzania , Michael Owen

Time Frame: FY 2005 – FY 2006

SECTION III

SUMMARY BUDGET TABLE - TANZANIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	3,000,000	0	220,000	145,000	0	0	0	3,365,000
Abstinence/Be Faithful	650,000	0	0	15,000	0	0	0	665,000
Blood Safety	0	0	1,700,000	0	0	0	0	1,700,000
Injection Safety	0	0	250,000	0	0	0	0	250,000
Other Prevention	4,600,000	0	250,000	180,000	0	282,468	0	5,312,468
<i>Prevention Sub-total</i>	<i>8,250,000</i>	<i>0</i>	<i>2,420,000</i>	<i>340,000</i>	<i>0</i>	<i>282,468</i>	<i>0</i>	<i>11,292,468</i>
Care								
Palliative Care: Basic health care & support	4,575,000	0	571,240	90,000	0	0	0	5,236,240
Palliative Care: TB/HIV	0	0	400,000	0	0	0	0	400,000
OVC	4,775,000	0	0	105,000	0	0	0	4,880,000
Counseling and Testing	3,300,000	0	450,000	440,000	0	0	0	4,190,000
<i>Care Sub-total</i>	<i>12,650,000</i>	<i>0</i>	<i>1,421,240</i>	<i>635,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>14,706,240</i>
Treatment								
Treatment: ARV Drugs	6,523,950	0	200,000	0	0	0	0	6,723,950
Treatment: ARV Services	3,075,000	0	250,000	2,307,294	0	0	0	5,632,294
Laboratory Infrastructure	0	0	4,790,233	0	0	0	0	4,790,233
<i>Treatment Sub-total</i>	<i>9,598,950</i>	<i>0</i>	<i>5,240,233</i>	<i>2,307,294</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>17,146,477</i>
Other Costs								
Strategic Information	0	0	200,000	0	0	0	0	200,000
Other/policy analysis and system strengthening	1,175,000	0	1,797,636	45,000	0	0	0	3,017,636
Management and Staffing	300,000	1,365,605	425,000	300,000	261,933	33,442	0	2,685,980
<i>Other Costs Sub-total</i>	<i>1,475,000</i>	<i>1,365,605</i>	<i>2,422,636</i>	<i>345,000</i>	<i>261,933</i>	<i>33,442</i>	<i>0</i>	<i>5,903,616</i>
AGENCY, FUNDING SOURCE TOTALS	31,973,950	1,365,605	11,504,109	3,627,294	261,933	315,910	0	49,048,801

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	31,973,950	USAID	31,973,950	Base (GAP)	1,365,605
HHS	12,869,714	HHS	11,504,109	GAC (GHAI)	47,683,196
DOD	3,627,294	DOD	3,627,294	Total	49,048,801
State	261,933	State	261,933		
Peace Corps	315,910	Peace Corps	315,910		
Labor	0	Labor	0		
Total	49,048,801	Total	47,683,196		

UGANDA

Project Title: Uganda FY 2005 Country Operational Plan (COP)

Budget Summary:

	Funding Sources		
Agency	GAP*	GHAI	TOTAL
HHS	6,743,229	34,177,900	40,921,129
USAID	0	66,273,178	66,273,178
DOD	0	571,670	571,670
State	0	781,364	781,364
Peace Corps	0	324,888	324,888
TOTAL Approved	6,743,229	102,129,000	108,872,229
Total Planned FY 2005			112,818,223
Total FY 2004			80,579,298

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Uganda:

- HIV Prevalence: 4.1% national (15-49); 10% ANC Kampala
- Estimated number of HIV-infected people: 530,000 (UNAIDS)
- Estimated number of individuals on Anti-Retroviral Therapy: 32,000 (2004)
- Estimated number of AIDS orphans: 940,000

Targets to achieve 2-7-10 Goals:

UGANDA	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	112, 000	27,000
FY 2005	530,445	92,276
FY 2008**	300,000	60,000

*"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment;" The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State
August 2004

** The FY 2008 targets, which were set at the beginning of the Emergency Plan, reflect Uganda's planned contribution to the Emergency Plan's goals of 2 million on treatment and 10 million receiving care and support in the 15 focus countries by the end of FY 08. Uganda expects to surpass its FY 08 care and treatment goals by the end of FY 05.

Program Description:

One of the poorest countries in the world and considered to be the historical epicenter of the HIV/AIDS epidemic, Uganda suffers from major problems in its health care system. Yet it remains one of the few countries in the world to have reduced its HIV prevalence

rate. Uganda's story is instructive, and the country's success lies in its approaches fighting the disease in spite of an impoverished setting with a limited healthcare infrastructure and few resources. Less than half of Ugandans live within 5 kilometers of a health service unit. Gaps in staffing, facilities, commodities, and coordination continue to hinder service delivery. UNAIDS estimates that there are more than 70,000 new infections every year in Uganda, including nearly 16,000 children. Of those infected, 85% are estimated to be adults between the ages of 15 and 49. More than 50% of those infected are women and more than 15% are children. Approximately 5% of those infected have active tuberculosis. Life expectancy has dropped to 42 years due to HIV/AIDS (UNAIDS). Uganda also has an estimated two million orphans. However, in spite of all those challenges, Uganda's HIV prevalence declined dramatically from over 20 percent among women at urban antenatal sites in 1990 to less than 10% today.

Uganda now has a mature, generalized HIV epidemic with a high rate of new infections in discordant couples in stable relationships. In addition, more than 50% of Ugandans are under the age of 15 and a second wave of the epidemic threatens them. Over the next five years, it is projected that the epidemic will deeply affect Uganda's northern region where 1.6 million people are internally displaced. According to HIV surveillance data from antenatal clinics in the conflict area, HIV prevalence is 11.9%, much higher than in other rural areas. In addition, more than 50% of Uganda's population is under the age of 15, and a second wave of the epidemic threatens this generation.

Prevention: \$20,386,194

Uganda is well known for its ABC (abstinence, faithfulness and condoms when appropriate) programs and other prevention initiatives. Currently, more than 90% of pregnant women attend antenatal clinics and approximately 17% of women receive PMTCT. In FY 2005, the Emergency Plan goal is to increase coverage to 25% and to move women into PMTCT+ programs. Funds will support improving the PMTCT training curricula, improving logistics systems, particularly the availability of test kits and Nevirapine, and increasing service demand. The FY 2005 Emergency Plan support will build on FY 2004 USG commitment to the GOU plan to increase PMTCT sites to 150 and ensure coverage in all 56 districts.

US programming is increasingly emphasizing both A and B. Adolescents are targeted as a key group for abstinence messages and USG programming builds upon existing GOU frameworks, guidelines, and initiatives. One of the major USG supported programs is the in-school PIASCY initiative that encourages teachers to openly discuss HIV/AIDS and responsible sexuality with students. USG support has been instrumental in finalizing messages and handbooks for teachers' use, and distributing handbooks to all primary schools in Uganda. FY05 US programming builds on this foundation to increase the effectiveness of primary school teachers by strengthening their counseling and guidance skills, and by expanding PIASCY to secondary schools, through age appropriate materials and teacher training. Uganda's First Lady is a charismatic champion of AB programming and a strong supporter of risk avoidance. Her office is collaborating to articulate a national AB strategy, which is expected to enhance effective planning and

coordination of A and B programs. The USG is the only donor of the national school-based abstinence program, and this support will continue in FY 2005. This support, combined with national campaigns and grants to community based and faith-based organizations, will reach approximately 4.6 million in and out of school youth, teachers, young married couples and others with AB messages. In FY 2005, the Emergency Plan will also support grants to CBOs and FBOs to deliver AB messages through innovative approaches such as music, dance, drama, and media. With the largest rate of new infections occurring in married and discordant couples, FY 2005 support will focus on reaching couples, encouraging them to test together in supportive environments, and motivating them to disclose their results to each other. National campaigns focusing on faithfulness and testing and behavior change for men will support prevention programs. Prevention with positives interventions such as individual prevention plans, provision of condoms, STI diagnosis and treatment, family planning and linking PMTCT will be part of care programs. Innovative approaches will be expanded to high-risk groups, conflict areas, and underserved areas. These approaches will reach an estimated 3 million military, CSWs, PLWHAs, and other high-risk groups. The basic infrastructure for blood and injection safety exists. In FY 2005, guidelines for blood and injection safety will be revised and infrastructure for safe blood transfusion services improved, including education to reduce the need for and practice of unnecessary blood transfusions. An improved and increased blood safety team will collect 175,000 units of blood, counsel and test donors for HIV, and refer them to care and treatment, if appropriate.

Principle partners: Ministry of Education and Sports, Ministry of Health, Straight Talk Foundation, Youth Alive, Catholic Relief Services, PATH, Samaritans Purse, International Youth Forum, Population Services International, Creative Associates International, Inc., Development Associates, Inc., Education Sector HIV/AIDS Worksite Program, Family Health International, International Rescue Committee (IRC), Inter-Religious Council of Uganda (IRCU), John Snow Inc, Johns Hopkins University, The AIDS Support Organization (TASO), Protecting Families Against AIDS (PREFA), Uganda Blood Transfusion Services (UBTS), and faith and community groups at the community level.

Care: \$36,450,925

Care activities in Uganda include CT, palliative care including clinical care, integrating HIV/AIDS and TB services, and support for orphans and vulnerable children (OVC). There are strong indigenous NGOs in Uganda with experience in voluntary counseling and testing (VCT), yet service sites are too few and are understaffed and stock-outs of HIV test kits are common. Demand for CT continues to increase, especially with access to treatment. In FY 2005, CT coverage will increase to more than 400 sites, testing 524,834 people by expanding traditional VCT sites, especially in underserved areas. Care and treatment programs will be trained and equipped to offer VCT. Support for the national logistics system will ensure test kits are in place. Routine CT will be initiated in 2 large teaching hospitals and 32 district hospitals. Programs in two districts will pilot a 100% VCT access approach using a home-based approach to VCT delivery.

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Lessons from operational research and innovative approaches such as fingerstick testing will be incorporated into national policies and guidelines. FY 2005 support will include strengthening counselor training, quality assurance, and increasing demand. In FY 2005, the Emergency Plan will provide palliative care to 182,187 people expanding service delivery through faith-based facilities and networks, PLWHA networks and traditional healers. National training curricula and materials development will be addressed. Specific activities include improving clinical capacity infrastructure, laboratory equipment and training, staff training and ensuring fully supply of appropriate drugs and commodities for treatment of common opportunistic infections.

There is considerable experience in preventive care options and Uganda is, again, pioneering an innovative approach by defining a basic preventive care package for HIV-positive individuals. A key focus in FY 2005 will be to ensure delivery of components of the basic preventive care package, including cotrimoxazole, safe water, long lasting insecticide treated nets and psychosocial support. In order to reach 6,200 HIV positive individuals with TB, routine TB screening, treatment and prevention will be integrated into CT facilities and RCT will be integrated into TB treatment sites. Integration of TB/HIV through community initiatives managing TB treatment will also be strengthened. With 2 million orphans, FY 2005 activities will strengthen the leadership capacity of the Ministry of Gender, Labour and Social development to effectively respond to the crisis, develop a national monitoring and evaluation system in order to capture the full magnitude of the problem and the current response, develop quality assurance tools and support supervision as well as ensure expanded support through civil society and faith-based groups. Efforts to improve the delivery of quality comprehensive services will be addressed through evidenced-based research, job aides, and capacity building of local service providers.

Partners: Ministry of Health Uganda (MOH), African Medical and Research Foundation, Africare, The AIDS Information Center (AIC), Integrated Community- Based Initiatives (ICOB), National Medical Stores, AVSI, Baylor College of Medicine, Christian Aid, Hospice Uganda, IRC, IRCU, John Snow, Inc, Joint Clinical Research Center (JCRC), Makerere University, Opportunity International, Plan Uganda, Population Services International (PSI), Research Triangle International (RTI), Salvation Army, Samaritan's Purse, ACDI/VOCA, TASO, Mildmay International, CRS, and The Futures Group International.

Treatment: \$32,145,478

Treatment activities in Uganda include support for ARV drugs, ARV services, logistics and laboratory services. Government and donors are faced with difficult choices about who will have access to ART. It is estimated that to provide ART to the over 150,000 Ugandans who need it, Uganda will need \$100 million per year over the next few years, rising to over \$131 million in 2012. FY 2005 support for ART will expand to 39,000 the number on ARVs, with particular attention to access for vulnerable groups such as rural populations, OVCs, and IDPs. Support for logistics and laboratories focuses on strengthening the pharmaceutical and commodities management. The rapid scale-up of

ART services has strained a national health system already experiencing constraints due to inadequate human resources. FY 2005 support for a national quality assurance system will include HR capacity building by training 5,000 clinicians, support for infrastructure and equipment to 570 laboratories, and supporting policy, guidelines, and materials development. More than 20 PLWHA networks will receive grants to support care and treatment, with particular emphasis on supporting adherence. A national communications campaign will also be delivered to ensure ART literacy for HIV+ individuals and their families. Expanding PMTCT sites to deliver ART will begin in FY 2005 to improve access to pregnant women and their families. Prevention interventions, including partner testing, will be integrated into treatment programs. Other linkages between prevention, care and treatment programs will be supported through grants to more than 40 faith-based organizations.

Principal partners: Catholic Relief Services, Mildmay International, Baylor College of Medicine, Elizabeth Glaser Pediatric AIDS Foundation, JCRC, Makerere and Mbarara University Hospitals, Medical Research Council of Uganda, John Snow, Inc., TASO, and RTI.

Other costs: \$19,889,632

Other activities include support to leadership, human resources, collaboration, coordination and strategic information. In Uganda, there is strong leadership from the President, government, non-governmental organizations including faith-based groups, and National Guidance and Empowerment Networks (PLWHAs). The USG is fortunate to work with a well-established cadre of Ugandan national NGOs, medical schools and universities, and government bodies that have an established capacity to receive direct funding and implement effective HIV programs in critical intervention areas, such as ART, care and support, palliative and home-based care, pediatric AIDS, counseling and testing services and research. In FY 2005, the Emergency Plan will build the capacity of the national and district governments, NGOs, FBOs, and PLWHAs to supervise, deliver and monitor HIV/AIDS related services. Building on FY 2004 support, the FY 2005 district model program will provide over 180 grants at the community level, technical assistance for a district granting mechanism, develop 8 national NGOs to strengthen delivery of quality services at district level, work with 4 NGOs to develop 'centers of excellence' at the regional or district level, and support over 20 civil society and faith-based groups at community level.

The Emergency Plan will work with Ministry of Health, Ministry of Public Service, Makerere, and other NGOs on staffing recruitment and retention, quality assurance, and strategic information. Development of the national care and treatment quality assurance system at the MOH will begin in 2005. FY 2005 support for strengthening government programs capacity to take action on the NSF will focus on leadership development, training, and organizational and sustainability workshops with UAC, Parliament, Ministries of Gender, Education and Sports, and district governments. Because faith-based organizations have the largest network of hospitals, clinics and community outreach programs throughout Uganda, the Emergency Plan will focus funding and

technical assistance to support faith-based interventions in service delivery, training and financial management. FY 2005 support will include innovative methods to involve PLWHAs through community PLWHA networks.

Support for policy development and guidelines, clinical, counseling and laboratory in particular, will be through technical fellowships and assistant placements, support to MOH, and pilot programs. There is a government HIV/AIDS M&E plan for Uganda, although the plan is not currently operational for data collection, analysis or reporting. HIV data is not fully integrated into the Health Management Information System (HMIS), it is collected directly from sites and transmitted to the MOH. In 2005, the USG Country Team will continue to work with MOH and other partners to pilot full implementation of HMIS in five districts, with a long-term vision to expand nationally. The Emergency Plan will continue support to MOH for HIV ANC sentinel surveillance, with technical assistance to accommodate PMTCT expansion, as well as, use of alternative data sources such as blood bank, VCT and population surveys. The MOH, with USG support, is conducting a national HIV/AIDS sero-behavioral survey and will repeat the Health Facilities Survey in 2005 and 2006. The Emergency Plan will continue to support the Home-based AIDS Care (HBAC) Project to answer key operational questions about ART laboratory monitoring, impact of ART on HIV transmission, and feasibility and success of rural AIDS care.

Principle Partners: MOH, Uganda AIDS Commission (UAC), MRC, Uganda Women's Effort to Save Orphans (UWESO), Straight Talk, THETA, UNASO, Family Planning Association of Uganda, National Guidance and Empowerment Network (PLWHAs), and Youth Alive (Faith-based focus), Human Capacity Development Project, ARD Inc., Development Associates, Inc., Mildmay International, Creative Associates International Inc., University of California, San Francisco (UCSF).

Management and staffing costs will support the program and technical assistance required to implement and to manage the Emergency Plan activities. USAID, CDC/HHS, DOD, PC, and State personnel costs are included.

Other Donors, Global Fund Activities, Coordination Mechanisms:

In addition to Global Fund, HIV/AIDS donors in Uganda include bilateral partners (UK, Ireland, Denmark, Norway, Germany, and the Netherlands), UN partners (WHO, UNICEF, UNFPA, UNDP), and other partners such as KFW. While the USG program is the largest donor program in Uganda, Global Fund approved \$36 million in its Round 1 funding and more than \$100 million in Round 3. Global Fund money supports Uganda's comprehensive approach to prevention, care and treatment of HIV/AIDS. Round 3 funding will support scaling up antiretroviral therapy and interventions for orphans and vulnerable children. The national HIV/AIDS coordinating body, the Uganda AIDS Commission (UAC), established the UN/Bilateral HIV/AIDS Donor Group to facilitate donor coordination and to prevent duplication. Additional coordinating mechanisms for development partners involved in HIV/AIDS activities are the Global Fund National Coordination Committee (NCC) and the Health Development Partners Group. Many

development partners, including the USG, participate on national committees such as the National ART Committee, the Health Policy Advisory Committee (HPAC), MOE Coordination Committee, and the National Steering Committee. Finally, in 2004, the United States and United Kingdom signed a Joint Statement of Collaboration to increase cooperation in HIV/AIDS.

Program Contact: Ambassador Jimmy Kolker, Deputy Chief of Mission William Fitzgerald

Time Frame: FY 2005 – FY 2006

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SUMMARY BUDGET TABLE - UGANDA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	4,063,061	0	1,250,164	0	43,018	0	0	5,356,243
Abstinence/Be Faithful	8,185,580	0	105,855	0	24,800	0	0	8,316,235
Blood Safety	42,510	0	0	0	0	0	0	42,510
Injection Safety	42,510	0	65,466	0	11,250	0	0	119,226
Other Prevention	6,097,221	0	295,778	50,000	8,981	100,000	0	6,551,980
<i>Prevention Sub-total</i>	<i>18,430,882</i>	<i>0</i>	<i>1,717,263</i>	<i>50,000</i>	<i>88,049</i>	<i>100,000</i>	<i>0</i>	<i>20,386,194</i>
Care								
Palliative Care: Basic health care & support	14,458,535	0	4,333,603	204,000	32,090	80,000	0	19,108,228
Palliative Care: TB/HIV	1,494,160	0	1,440,486	0	20,690	0	0	2,955,336
OVC	4,948,113	0	0	0	247,234	80,000	0	5,275,347
Counseling and Testing	5,055,417	0	3,866,286	97,830	52,481	40,000	0	9,112,014
<i>Care Sub-total</i>	<i>25,956,225</i>	<i>0</i>	<i>9,640,375</i>	<i>301,830</i>	<i>352,495</i>	<i>200,000</i>	<i>0</i>	<i>36,450,925</i>
Treatment								
Treatment: ARV Drugs	6,610,160	0	8,564,439	0	0	0	0	15,174,599
Treatment: ARV Services	3,962,000	0	3,815,172	149,840	0	0	0	7,927,012
Laboratory Infrastructure	1,973,734	1,304,797	5,765,336	0	0	0	0	9,043,867
<i>Treatment Sub-total</i>	<i>12,545,894</i>	<i>1,304,797</i>	<i>18,144,947</i>	<i>149,840</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>32,145,478</i>
Other Costs								
Strategic Information	3,709,977	1,938,432	3,176,515	50,000	20,820	0	0	8,895,744
Other/policy analysis and system strengthening	3,930,200	0	1,498,800	0	0	24,888	0	5,453,888
Management and Staffing	1,700,000	3,500,000	0	20,000	320,000	0	0	5,540,000
<i>Other Costs Sub-total</i>	<i>9,340,177</i>	<i>5,438,432</i>	<i>4,675,315</i>	<i>70,000</i>	<i>340,820</i>	<i>24,888</i>	<i>0</i>	<i>19,889,632</i>
AGENCY, FUNDING SOURCE TOTALS	66,273,178	6,743,229	34,177,900	571,670	781,364	324,888	0	108,872,229

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	66,273,178	USAID	66,273,178	Base (GAP)	6,743,229
HHS	40,921,129	HHS	34,177,900	GAC (GHAI)	102,129,000
DOD	571,670	DOD	571,670	Total	108,872,229
State	781,364	State	781,364		
Peace Corps	324,888	Peace Corps	324,888		
Labor	0	Labor	0		
Total	108,872,229	Total	102,129,000		

VIETNAM

Project Title: Vietnam FY 2005 Country Operational Plan (COP)

Budget Summary:

	Funding Sources		
Agency	GAP*	GHAI	TOTAL
HHS	1,455,000	5,663,689	7,118,689
USAID	0	12,470,000	12,470,000
DOD	0	1,350,000	1,350,000
DOL	0	725,000	725,000
TOTAL Approved	0	21,323,689	21,663,689
Total Planned FY 2005			25,000,000
Total FY 2004			17,354,885

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Vietnam:

- HIV Prevalence in Pregnant Women: 0.3% (2003)
- Estimated Number of HIV-Infected People: 215,000
- Estimated Number of Individuals on Anti-Retroviral Therapy: 100 (in public facilities); Unknown (in private sector)
- Estimated Number of AIDS Orphans: Unknown

Targets to Achieve 2-7-10 Goals*

Vietnam	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004**	2,000	1,000
FY 2005	9,200	1,250
FY 2008	110,000	22,000

*Targets may be revised.

**"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State
August 2004

Program Description:

Vietnam is a densely populated country with a total population of 82 million and an estimated 215,000 HIV infected individuals. The HIV prevalence rate among pregnant women has thus far remained low, at approximately 0.3%, while rates for general population males are at least 2.3 times higher than that of females. There are great differences in prevalence between provinces, with much higher prevalence reported in provinces with significant numbers of injecting drug users (IDUs); and with Ho Chi Minh City (HCMC) having by far the largest number of infected people, at approximately 50,000 (est.2004).

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Vietnam has a concentrated epidemic, with HIV transmission primarily still occurring among most-at-risk populations (MARPs—examples include IDUs, sex workers, and men who have sex with men), with the highest prevalence among IDUs (60% of all reported HIV/AIDS cases are among IDUs). Vietnam is a high-burden tuberculosis (TB) country, and HIV prevalence among TB patients is high (3.7% nationally; 10% in HCMC, 2003) and has been rising steadily. Vietnam remains a poor country, with per capita GDP of \$2,500 (2003). However, per capita GDP has risen rapidly from \$98 in 1990, and this manifests itself in high economic activity, especially in major urban areas. This has led to a large movement of people from rural to urban areas and subsequent increases in high-risk behavior associated with this demographic change.

The following programmatic areas will be included in the United States Government (USG) FY2005 Emergency Plan activities to mitigate the impact of the epidemic in Vietnam:

Prevention: \$5,397,500

Prevention activities in Vietnam follow a two prong approach: (1) activities focusing on abstinence-be faithful (AB) messages, and (2) targeted behavior change interventions with MARPs. Abstinence-be faithful (AB) messages will be communicated through media, school-based programs, and work-place programs. These programs will target youth and general population men. Targeted behavior change interventions with MARPs will include: peer-based outreach; consistent condom use messages; injection safety; and prevention of mother to child transmission (PMTCT).

The Emergency Plan includes support for government and non governmental organization (NGO) infrastructure improvements, providing personnel, establishing or improving counseling facilities, providing educational materials, and providing training. Activities focus on HIV prevention education and behavior change. USG partners work to promote local and civil society HIV/AIDS efforts in certain policy areas such as HIV in the workplace and PLWHA.

The DOL/SMARTWORKS project has developed curricula for training in the workplace, which is an initial step in engaging the private sector in a response to HIV/AIDS. The USG also will seek to partner with the American Chamber of Commerce in taking a leadership role to build capacity of the private sector in addressing HIV/AIDS issues. Community outreach efforts will reach 484,000 MARPs and their sex partners by March 2006. Non-AB mass media messages will reach 3,602,000 individuals by March 2006. AB-focused activities will center on increasing the capacity of government and NGOs, including faith-based organizations (FBOs) such as World Vision and a local FBO, Mai Hoa, to provide programs for youth, families, and military personnel in prevention education that includes delay of sexual debut, abstinence, and being faithful to one partner. Community outreach efforts will reach 473,300 youth, workers, and military personnel with AB messages by March 2006. The AB mass media campaign will reach 18,525,000 by March 2006. Other donors, including the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), are or will be heavily involved in blood and injection safety, and PMTCT. Even so, the Emergency Plan will support expansion of PMTCT programs in 4 key provinces.

Principal Partners: Academy for Educational Development (AED), CARE, Family Health International (FHI), Ho Chi Minh City Department of Health, Ho Chi Minh City People's AIDS Committee, International Office of Migration (IOM), Mai Hoa, Medicines du Monde (MdM), Ministry of Defense, Ministry of Health, Ministry of Labor, War Invalids, and Social Affairs, PACT, POLICY Project, Population Services International (PSI), Save the Children, STI and HIV/AIDS Prevention Center (SHAPC), World Vision, UNESCO and UNAIDS.

Care: \$6,305,189

Care activities in Vietnam include counseling and testing (CT), clinical care, palliative care, and support for orphans and vulnerable children (OVC). In Vietnam, the CT model supported by the government is one of voluntary counseling and testing (VCT). VCT services are still limited and the Emergency Plan will support existing VCT and open new sites (58 government, 2 military, and 8 NGO facilities). This support will promote and provide testing, training and quality assurance, and will use peer-based outreach to reach a greater number of MARPs, as well as increasing catchments areas and intake of general population clients. The testing will result in 47,950 new clients/patients knowing their status by March 2006.

HIV clinical care and support activities will focus on improving the capacity to provide non-antiretroviral therapy (ART) HIV and opportunistic infection (OI) care and treatment, and linking non-ART care to counseling, testing, and referral services. Non-ART clinical care will reach approximately 29,832 HIV-infected individuals by March 2006. Palliative care activities will focus on clinic-based activities through government, as well as home and community-based programs through NGOs, including FBOs.

Due to the concentrated nature of the epidemic in Vietnam the OVC population is believed to be still quite small. Therefore, in FY2005 the Emergency Plan will support a comprehensive assessment of OVC, with an outcome goal of strengthening community mobilization to support OVC, as well as creating linkages with the care network system. The Emergency Plan will also promote collaboration between TB and HIV programs, including improved referral of TB patients to HIV/AIDS services, including testing, and referral of HIV/AIDS patients for TB testing, especially before beginning ARV therapy.

Principal Partners: CARE, Center for Community Health and Development, FHI, Harvard, Ho Chi Minh City Department of Health, Ho Chi Minh City People's AIDS Committee, ITECH, Mai Hoa, MdM, Ministry of Defense, Ministry of Health, PACT, POLICY Project, PSI, Save the Children, WHO, World Vision, World Wide Orphans (WWO), UN Volunteers and UNAIDS.

Treatment: \$3,256,000

Treatment activities are focused on ART. WHO and other experts estimate 20,000 to 25,000 HIV-infected adults and children currently meet the criteria for ART. Technical capacity for effective HIV treatment is limited but increasing rapidly. While USG-supported regional training programs have assisted the Government of the Socialist Republic of Vietnam (GVN) in training physicians in over 40 provinces, the number of providers who can adequately treat People Living with HIV/AIDS (PLWHA) is still insufficient. Training has focused on HIV diagnosis, prevention, occupational exposure,

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universal precautions, PMTCT, diagnosis and treatment of OIs, and basic anti-retroviral therapies. Specialized training including individual clinical mentoring, on-going close supervision, and working with specific vulnerable populations will be supported.

Model outpatient programs in both the public and private sectors, which can form a framework for outpatient ART, are already underway in 25 provinces. Emergency Plan support for ART will include: ARV drug procurement; establishment of effective drug procurement and dispersal systems; policy and guidelines development; building adequate laboratory infrastructure; enhanced human capacity; and effective monitoring and evaluation systems.

In addition, mechanisms to link treatment, care and support systems will ensure a comprehensive approach that allows the most effective treatment of the patient. A phased approach consistent with the Ministry of Health (MOH)-approved 3 x 5 Plan, and other sectors and donors is planned. Effective ART will be promoted in the public sector at central, regional, and provincial programs in high prevalence urban provinces with existing capacity. At the same time, international non-governmental organization (INGO) medical clinics will scale-up ART services at the local level in the hardest hit districts. This combined approach will allow the Emergency Plan, with other partners, to provide treatment to 5,672 PLWHA by March 2006.

Principal Partners: CARE, FHI, Harvard, Ho Chi Minh City Department of Health, Ho Chi Minh City People's AIDS Committee, ITECH, MdM, Ministry of Defense, Ministry of Health, PACT, World Vision, and WWO.

Other Costs: \$6,705,000

Strategic Information (SI) activities will focus on coordination and implementation of HIV sentinel surveillance, behavioral surveillance, the AIDS Indicator Survey (AIS), support for household inclusion for HIV/AIDS indicators in the National Health Accounts HIV Sub-analysis, operations research to implement and evaluate the impact of a program to reduce HIV-related stigma and discrimination in the health care setting, and to increase the utilization of HIV-related services by PLWHA. Funding will also support the expansion of evaluation of existing USG-supported programs concentrating on VCT, outpatient clinical care, peer outreach for prevention, and linkage and referral systems. In addition, funding will support the Government of Vietnam to monitor the emergence of ARV drug resistance, and to build information management systems capacity with respect to HIV/AIDS programs through the Hanoi School of Public Health.

Principal Partners: DHS Macro, FHI, Hanoi School of Public Health, MEASURE/UNC, Ministry of Defense, Ministry of Health, and Population Council.

Cross-cutting policy and coordination activities will focus on coordination among multilateral and bilateral donors on PMTCT, VCT, ART access and men's sexual health initiatives to maximize program impact. Funding will support on-going groundbreaking initiatives to increase advocacy for and among PLWHA both nationally and in focus provinces. USG funds will also assist in policy development and enforcement regarding rights-based approaches to HIV/AIDS in the workplace, in the health system, and in communities. Local human capacity to respond to a dynamic HIV/AIDS epidemic will be

strengthened through leadership development, curricula development for the National Ho Chi Minh Political Academy for national and provincial political cadres, and through United Nation (UN)-coordinated mainstreaming of HIV/AIDS education, and stigma and discrimination reduction in donor supported activities across sectors. USG funds will also support civil society advocacy to the National Party for greater involvement of the private sector and local non-government sector through coordinated efforts spearheaded by the UN.

Principal Partners: AED, CARE, Hanoi School of Public Health, Harvard University, International Center for Research on Women (ICRW), Institute for Social Development Studies (ISDS), Pathfinder, POLICY Project, Save the Children, UNAIDS, UNDP, and WHO.

Agency Management and Staffing costs will support the technical assistance and program management required to manage for results under the Emergency Plan. Costs include technical, management and administrative/support staffing, operational research, office operations and rent, travel and logistics.

Other Donors, Global Fund Activities, Coordination Mechanisms:

There are roughly 30 INGOs, over 5 government-sanctioned technical local non-governmental organizations (LNGOs), 7 UN organizations, 5 major bilateral agencies and the Global Fund concentrating resources on HIV/AIDS programs in Vietnam. International organizations include faith-based (e.g. World Vision, ADRA), general development (e.g. CARE, FHI), and specialized consulting firms (e.g. Abt. Associates). Local non-government organizations include specialized research organizations, program design and implementation organizations, and community-based organizations. The UN organizations working in HIV/AIDS include UNAIDS, WHO, UNICEF, UNODC, UNFPA, UNESCO, UNV, ILO and UNDP. The Government of Vietnam won awards on Rounds I, II and III for the Global Fund, Round I including \$12 million for HIV/AIDS programs. The principal recipient is the MOH, and to date, roughly \$2.5 million have been disbursed to the MOH. Global Fund support will go to prevention, care and treatment programs directed by the MOH in 20 provinces.

During the summer of 2003, the National AIDS Standing Bureau, the multisectoral coordinating body for HIV/AIDS activities, was dismantled in favor of relegating HIV/AIDS coordination to the Department of Preventive Medicine and AIDS Control of the AIDS Division of the MOH. The MOH, under the supervision of the Deputy Prime Minister, is now in charge of coordinating activities and donor assistance in HIV/AIDS. Amongst donors and major organizations working in HIV/AIDS, the Community of Concerned Partners is a donor committee led by the UN Resident Coordinator and UNAIDS which responds to policy and strategy issues on an ad hoc basis. The USG team works closely with the Ministry of Health, other ministries (including Defense and Labor) and the Community of Concerned Partners in addition to the UN to coordinate on major supported activities.

Program Contact: Vietnam Emergency Plan Country Liaison Nahoko Nakayama

Timeframe: FY2005- FY2006

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SUMMARY BUDGET TABLE - VIETNAM	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
<u>Prevention</u>								
PMTCT	45,000	0	250,000	20,000	0	0	0	315,000
Abstinence/Be Faithful	705,000	0	625,000	230,000	0	0	202,000	1,762,000
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	50,000	0	0	0	0	50,000
Other Prevention	2,510,000	0	362,500	0	0	0	398,000	3,270,500
<i>Prevention Sub-total</i>	<i>3,260,000</i>	<i>0</i>	<i>1,287,500</i>	<i>250,000</i>	<i>0</i>	<i>0</i>	<i>600,000</i>	<i>5,397,500</i>
<u>Care</u>								
Palliative Care: Basic health care & support	2,713,000	0	1,275,000	285,000	0	0	0	4,273,000
Palliative Care: TB/HIV	150,000	0	320,000	0	0	0	0	470,000
OVC	244,000	0	190,000	0	0	0	0	434,000
Counseling and Testing	512,000	0	551,189	65,000	0	0	0	1,128,189
<i>Care Sub-total</i>	<i>3,619,000</i>	<i>0</i>	<i>2,336,189</i>	<i>350,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>6,305,189</i>
<u>Treatment</u>								
Treatment: ARV Drugs	565,000	0	0	0	0	0	0	565,000
Treatment: ARV Services	584,000	0	1,330,000	290,000	0	0	0	2,204,000
Laboratory Infrastructure	27,000	0	100,000	360,000	0	0	0	487,000
<i>Treatment Sub-total</i>	<i>1,176,000</i>	<i>0</i>	<i>1,430,000</i>	<i>650,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>3,256,000</i>
<u>Other Costs</u>								
Strategic Information	1,500,000	0	350,000	25,000	0	0	0	1,875,000
Other/policy analysis and system strengthening	1,460,000	0	260,000	0	0	0	110,000	1,830,000
Management and Staffing	1,455,000	1,455,000	0	75,000	0	0	15,000	3,000,000
<i>Other Costs Sub-total</i>	<i>4,415,000</i>	<i>1,455,000</i>	<i>610,000</i>	<i>100,000</i>	<i>0</i>	<i>0</i>	<i>125,000</i>	<i>6,705,000</i>
AGENCY, FUNDING SOURCE TOTALS	12,470,000	1,455,000	5,663,689	1,350,000	0	0	725,000	21,663,689

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	12,470,000	USAID	12,470,000	Base (GAP)	1,455,000
HHS	7,118,689	HHS	5,663,689	GAC (GHAI)	20,208,689
DOD	1,350,000	DOD	1,350,000	Total	21,663,689
State	0	State	0		
Peace Corps	0	Peace Corps	0		
Labor	725,000	Labor	725,000		
Total	21,663,689	Total	20,208,689		

ZAMBIA

Project Title: **Zambia FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources		
Agency	GAP*	GHA1	TOTAL
HHS	2,913,855	15,144,249	18,058,104
USAID	0	58,539,792	58,539,792
DOD	0	5,262,000	5,262,000
State	0	580,000	580,000
Peace Corps	0	1,023,000	1,023,000
Total Approved	2,913,855	80,549,041	83,462,896
Total Planned FY 2005			84,745,140
Total FY 2004			57,933,801

*The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Zambia:

- HIV Prevalence rate among Pregnant Women in 22 sentinel sites: 19.1% (2002)
- Estimated Number of HIV-Infected People: 920,000 adults and 90,000 children (2004)
- Estimated Number of Individuals on Anti-Retroviral Therapy: 11,095 (in public facilities) and 2,460 (private sector) (2004)
- Estimated Number of AIDS Orphans: 630,000 (2004)

Targets to Achieve 2-7-10 Goals:

Individuals Receiving Care and Support	Zambia	Individuals Receiving ART
302,000	FY 2004*	15,000
385,451	FY 2005	66,200
600,000	FY 2008	120,000

***Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment**

The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS

Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, August 2004

Program Description:

Zambia is facing its most critical health, development and humanitarian crisis to date. An estimated 15.6% of the adult population is infected with HIV (18% of adult women and 13% of adult males); 920,000 Zambian adults and 90,000 children are living with HIV/AIDS in a total population of 10 million people. This means that one in every ten Zambians is infected with HIV. In urban areas one out of four adults is infected (23.1% HIV prevalence); a staggering one-third of the adult population in border towns has HIV/AIDS; and in rural areas the rate is 10.8%. The infection rate among pregnant women in 22 sentinel sites is 19.1%. Antenatal surveillance trends since 1994 indicate that the epidemic has remained at fairly consistent levels over the last decade. Despite this plateau in the growth of the HIV infection rate, the repercussions of the HIV/AIDS epidemic continue to loom over the nation with 750,000 individuals having died from

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AIDS to date, leaving behind an estimated 630,000 orphans, and the continuing loss of 89,000 persons from AIDS every year (UNAIDS, 2004).

Although Zambia's HIV/AIDS epidemic is mostly transmitted through heterosexual contact and from mother to child, there are clearly identifiable high-risk groups that warrant special attention: commercial sex workers and their clients and partners; uniformed personnel including military and police forces; long distance truck drivers; bus drivers; fish camp traders; migrant workers; and discordant couples. Discordant couples, where one partner is sero-positive and the other is sero-negative, are estimated to make up 21% of all married couples in the major urban areas, and constitutes a major source of new cases. Deployments and long separations from their families place members of the Zambian Defense Force (ZDF) at high risk for exposure to HIV. At present, the USG, through the Emergency Plan, is the only donor significantly contributing to the HIV/AIDS efforts in the Zambian military. Fishmongers barter fish for sex to local traders. Refugees do not have access to prevention, treatment, and care services available to the general population. Prisoners are exposed to rape and sexual abuse from other prisoners and have limited access to HIV/AIDS services, HIV/AIDS messages or condoms. Orphans and Vulnerable Children (OVCs) are particularly vulnerable to property grabbing, homelessness, sexual exploitation, violence, abuse, and a life of abject poverty. Youth are another high-risk group, with 11.2% of females aged 15-24 years and 3.0% of males in the same age group being HIV positive, resulting from an early age of sexual debut (mean age of 17.0 years), multiple and/or trans- generational partners. Since 1985, the number of TB cases has increased dramatically (by a factor of five). By the year 2000, the AIDS epidemic had driven TB rates to where there were 512 cases per 100,000 people. It is estimated that over 50% of TB cases are co-infected with HIV.

To combat this scourge, the Government of the Republic of Zambia (GRZ) has committed itself to battling the epidemic by rapidly expanding prevention, treatment, and care services in the public sector as well as coordinating with private entities through the provision of ARVs to private clinics. Although the GRZ's efforts are notable, there are numerous opportunities and formidable challenges to meeting the 2-7-10 goals for Zambia.

Emergency Plan funding will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: \$19,938,600

Prevention activities in Zambia include increasing access to quality prevention of mother-to-child transmission services; promoting healthy behavior for youth through abstinence and faithfulness programs; encouraging fidelity among adults; improving blood and injection safety practices in health facilities; and providing services, condoms and behavior change interventions targeted at high-risk populations to reduce HIV transmission. For PMTCT, the USG will assist the GRZ to meet their target of providing a complete course of antiretroviral prophylaxis to 70% of HIV positive pregnant women (increasing treatment from the current rate of 30%). The USG will improve the quality of existing PMTCT programs, fully integrate PMTCT with other maternal and child health services, and increase access to quality PMTCT service by establishing new PMTCT sites across the country, including areas that serve military personnel. For FY 2005, the USG/Zambia will provide support to 200 PMTCT sites in 9 provinces.

The Emergency Plan in Zambia will promote abstinence and faithfulness for youth and will encourage fidelity among adults by providing funding for 632 FBO/CBO outreach programs, performing groups, programs targeting youth (including those implemented in communities and primary and secondary schools), public and private workplace programs, and community mobilization and behavior change communication programs.

Blood and injection safety practices will be strengthened to prevent HIV transmission. These interventions will include 10 post-exposure prophylaxis programs for at-risk health care professionals, and training for 325 Zambian Defense Force and 740 MoH medical service personnel. More thorough blood screening processes will be supported at 90 blood transfusion centers. Other prevention activities will focus on providing funding for 129 outreach programs, 1825 condom outlets, and behavior change interventions at border, transit corridors, truck stops, urban centers, bars, nightclubs, and fishing communities. These interventions will target 45,813 high-risk individuals such as commercial sex workers, police, military, refugees, and prisoners to reduce HIV transmission.

Principal partners include: Johns Hopkins University, Boston University, Population Services International, Catholic Relief Services, Elizabeth Glaser Pediatric AIDS Foundation, Academy for Educational Development, Family Health International, Project Concern International, American Institutes for Research, John Snow Inc., Chemonics International, University of Zambia, National Arts Council of Zambia, Zambia National Blood Transfusion Service, and Zambia University Teaching Hospital.

Care: \$25,373,504

Care activities in Zambia include Counseling and Testing, Palliative Care/Basic Health Care, Palliative Care/TB-HIV, and Support to Orphans and Vulnerable Children. The USG will also focus efforts on delivering of integrated TB/HIV services, and expanding the breadth and depth of programs supporting orphans and vulnerable children.

Only 9% of adult Zambians have ever been tested. For this reason, a primary emphasis of the USG in Zambia will be to increase access to and improve the quality of Counseling and Testing services, including mobile CT that reaches underserved populations as well as linking TB and STI patients with CT services. For FY 2005, the USG in Zambia will provide support to 298 CT sites in all 9 provinces to reach 414,616 people with CT services. The USG will work to strengthen 250 service delivery sites, and the capacity of FBOs, the Zambian public sector, the military and workplace programs to deliver quality Palliative Care/Basic Health Services through home-based, hospice, clinical and hospital care. We will help these institutions establish effective networks and referral linkages to other care and treatment services. The USG in Zambia will receive South-to-South Palliative Care technical support through the Twinning Center and regional palliative care institutions. These activities will reach 170,605 HIV-positive individuals in 250 service delivery sites with nursing/medical care, treatment of OIs, pain relief, nutritional supplements, psycho-social support, referral to ART and ART adherence, pediatric and family support, and training of caregivers and service providers. To address the high

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proportion of TB and HIV co-infection, the USG in Zambia will work to fully integrate TB and HIV services. Orphans and vulnerable children will also receive unprecedented attention in the form of improved access to educational opportunities, provision of food and shelter, psycho-social support, health care, livelihood training, access to microfinance, and training to caregivers. It is expected that 334,100 OVCs will benefit from 211 programs in FY 2005.

Principal partners include: World Vision International, Churches Health Association of Zambia, Catholic Relief Services, Christian Reformed World Relief Committee, Project Concern International, John Snow Training and Research Institute, Johns Hopkins University, Family Health International, World Health Organization, Opportunity International, CARE International, American Institutes for Research, International Executive Service Corps, Population Services International, Pact, Crown Agents, University Teaching Hospital-Lusaka (UTH), and WHO.

Treatment: \$18,845,000

As of September 2004, 53 government and mission health facilities provide ART. It is estimated that approximately 13,555 persons currently receive ART (11,095 and 2,460 in the public and private sectors respectively). The USG program will provide assistance to ensure that the maximum possible number of Zambians receives this life-extending therapy. In addition to the \$18,845,000 allocated to treatment, substantial Central Programming resources are directed to treatment. Efforts will focus on scaling up treatment services at the national, provincial and district levels within the public sector as well as within faith-based facilities, workplace programs, and private medical settings. This will be accomplished by increasing demand for ART, procuring ARVs for the public sector, training health care providers in provision of quality ART services, creating effective service delivery networks and linkages, strengthening laboratory, logistics, and health information management systems, and implementing ART adherence activities. In FY 2005, the USG in Zambia is doubling the amount for ARV procurement from FY 2004 totals to \$4,000,000 and will provide technical support for ARV logistics. To strengthen and expand ART service delivery, the USG will support infrastructure and development of referral systems for new ART sites in 4 military hospitals, and will support 92 service delivery sites including the George Health Clinic in Lusaka, the University Teaching Hospital, provincial and district public sector facilities, 2 additional mission hospitals, and private workplace clinical facilities. The University Teaching Hospital and other service delivery sites will benefit from twinning with several US-based universities including Columbia University for Pediatric ART. In total, Emergency Plan support in Zambia will directly enable 41,165 individuals to receive ART, including 30,100 new clients.

Principal partners: Abt Associates, John Snow Inc., Johns Hopkins University, JHPIEGO, Boston University, Columbia University, Family Health International, Catholic Relief Services, Elizabeth Glaser Pediatric AIDS Foundation, Academy for Educational Development, Tropical Diseases Research Center, Regional Procurement Support Office, Chest Disease Laboratory, and the University Teaching Hospital-Lusaka.

Other Costs: \$19,305,792

The USG in Zambia will support strategic information, policy analysis and systems strengthening, and management and staffing. In the area of strategic information, funds will be allocated to strengthen local health management information systems, expand use of quality program data for policy development and program management, and improve national coordination in HIV/AIDS monitoring and evaluation activities. The Emergency Plan will support the Zambia Sexual Behavior and AIDS Indicator Survey, an electronic smartcard for patient tracking, the national M&E system, a verbal autopsy study, and preparation for a national HIV prevalence study.

Policy and advocacy efforts will be expanded to reduce stigma and discrimination within communities and in the workplace, create strong leadership in the fight against HIV/AIDS among traditional, religious, and political leaders, and increase financial and human resources available to provide quality HIV/AIDS prevention, care, and treatment services.

The human capacity crisis will be addressed through supporting the GRZ's established rural retention scheme, which places physicians in underserved areas, and through training health care providers in short- and long-term educational programs. Upon completion of these programs, the trainees will directly provide HIV/AIDS treatment and care services. The USG in Zambia will work closely with Zambian leaders to inspire a national movement in the fight against AIDS that breaks down existing barriers to health-seeking and eliminates stigma associated with HIV/AIDS. Sub-grants and technical support will be provided to HIV-positive people's networks, and to influential community and national leaders for HIV/AIDS prevention, care, and treatment advocacy.

Principal Partners include: John Snow Research and Training Institute, Family Health International, University of North Carolina, Macro International, Abt Associates, Project Concern International, Elizabeth Glaser Pediatric AIDS Foundation, World Vision International, Pact, Journalists Against AIDS in Zambia, National AIDS Council, Zambia University Teaching Hospital (Lusaka), Ministry of Health, and the Ministry of Finance and National Planning.

Other Donors, Global Fund Activities, Coordination Mechanisms:

To date, the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) has provided \$42 million over two years; \$2 Million and \$1.1 Million were for ARV and STI drug procurement respectively. Zambia expects to receive its Round Four GFATM funding in January 2005. Other major donors supporting HIV/AIDS prevention, care, and treatment are the World Bank, providing \$42 Million over five years to strengthen PMTCT programs, workplace prevention programs, community response to AIDS, and the National HIV/AIDS Council, and UNICEF which is providing \$4 Million to improve services for OVCs. Another major partner is British DFID, which is providing £3 Million in 2004 to support programming in the areas of PMTCT, workplace prevention and treatment programs, condoms and STI drug procurement.

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Coordination among the USG, other donors, GFATM, and other cooperating partners takes place in a variety of forums. For example, the USG is one of two bilateral donor representatives on the GFATM Country Coordinating Mechanism. Furthermore, the USG has members participating in the various national sector coordinating committees, national technical HIV/AIDS working groups, and the UNAIDS Expanded Theme Group.

Program Contact: Ambassador Martin Brennan

Time Frame: FY 2005 - FY 2006

SUMMARY BUDGET TABLE - ZAMBIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
<u>Prevention</u>								
PMTCT	3,000,000	0	3,004,000	500,000	0	0	0	6,504,000
Abstinence/Be Faithful	5,040,000	0	0	0	75,000	0	0	5,115,000
Blood Safety	0	0	0	50,000	0	0	0	50,000
Injection Safety	0	0	0	400,000	0	0	0	400,000
Other Prevention	6,839,300	350,000	590,000	90,300	0	0	0	7,869,600
<i>Prevention Sub-total</i>	<i>14,879,300</i>	<i>350,000</i>	<i>3,594,000</i>	<i>1,040,300</i>	<i>75,000</i>	<i>0</i>	<i>0</i>	<i>19,938,600</i>
<u>Care</u>								
Palliative Care: Basic health care & support	8,910,148	0	300,000	864,000	0	0	0	10,074,148
Palliative Care: TB/HIV	0	0	1,315,000	0	0	0	0	1,315,000
OVC	5,638,856	0	0	100,000	0	0	0	5,738,856
Counseling and Testing	7,456,500	0	250,000	539,000	0	0	0	8,245,500
<i>Care Sub-total</i>	<i>22,005,504</i>	<i>0</i>	<i>1,865,000</i>	<i>1,503,000</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>25,373,504</i>
<u>Treatment</u>								
Treatment: ARV Drugs	5,760,000	0	0	0	0	0	0	5,760,000
Treatment: ARV Services	5,705,000	0	3,550,000	500,000	0	0	0	9,755,000
Laboratory Infrastructure	0	0	1,900,000	1,280,000	150,000	0	0	3,330,000
<i>Treatment Sub-total</i>	<i>11,465,000</i>	<i>0</i>	<i>5,450,000</i>	<i>1,780,000</i>	<i>150,000</i>	<i>0</i>	<i>0</i>	<i>18,845,000</i>
<u>Other Costs</u>								
Strategic Information	1,860,000	0	3,355,000	75,000	0	0	0	5,290,000
Other/policy analysis and system strengthening	5,194,988	0	550,000	638,700	150,000	933,000	0	7,466,688
Management and Staffing	3,135,000	2,563,855	330,249	225,000	205,000	90,000	0	6,549,104
<i>Other Costs Sub-total</i>	<i>10,189,988</i>	<i>2,563,855</i>	<i>4,235,249</i>	<i>938,700</i>	<i>355,000</i>	<i>1,023,000</i>	<i>0</i>	<i>19,305,792</i>
AGENCY, FUNDING SOURCE TOTALS	58,539,792	2,913,855	15,144,249	5,262,000	580,000	1,023,000	0	83,462,896

Total Budget by Agency		Total GHAI Budget by Agency		Total Funding by Account	
USAID	58,539,792	USAID	58,539,792	Base (GAP)	2,913,855
HHS	18,058,104	HHS	15,144,249	GAC (GHAI)	80,549,041
DOD	5,262,000	DOD	5,262,000	Total	83,462,896
State	580,000	State	580,000		
Peace Corps	1,023,000	Peace Corps	1,023,000		
Labor	0	Labor	0		
Total	83,462,896	Total	80,549,041		

OTHER BILATERAL PROGRAMS

- 1) Introduction
- 2) Table 8
- 3) Summary Program Descriptions

INTRODUCTION

Final allocations to plus up budgets for other bilateral programs have not been decided as of January 14, 2005. This section, including Table 8 and Program Descriptions, will be added at a later time.

CENTRAL PROGRAMS

- 1) Introduction
- 2) Table 9: FY 2005 Budget for Central Programs - by Agency Implementing Activity

INTRODUCTION

This section summarizes funding provided for central programs to support activities in the focus countries (Table 9), and provides individual narrative descriptions for the central programs. Central programs are financed by GHAI and FY 2004 PMTCT funds.

The anti-retroviral therapy, safe-injections, safe blood supply, abstinence/faithfulness, and orphans and vulnerable children programs are ongoing programs receiving their second year of funding. Supply chain management is a contract that is being competitively procured in 2005. Quality assurance (for pharmaceuticals) and Twinning (linking US and focus country institutions) programs were announced in FY 2004 but are just getting underway. Technical Leadership and Support and New Partners are new activities for FY 2005. The New Partner program description will be added at a later date.

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Table 9

FY 2005 BUDGET FOR CENTRAL PROGRAMS
By Agency Implementing Activity
(in dollars)

Activity	USAID Allocated	HHS Allocated	STATE Allocated	TOTAL Allocated
Anti-Retroviral Therapy	-	94,100		94,100
Safe-Injections	15,395	14,805		30,200
Safe Blood Supply		50,000		50,000
Abstinence/Faithfulness *	10,500			10,500
Orphans and Vulnerable Children *	9,750			9,750
Supply Chain Management	15,000			15,000
Quality Assurance	-	3,700		3,700
Technical Leadership and Support**	3,000	8,233	3,000	14,233
Twinning		4,000		4,000
New Partners***				0
TOTAL	53,645	174,838	3,000	231,483
* Previously notified to Congress on 12/13/04.				
** HHS includes \$2,233,000 of FY 2004 PMTCT funds				
*** Activity not yet approved by Coordinator				

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Abstinence and Be Faithful

Budget: FY 2005 GHAI: \$10,500,000

Implementing Mechanism: USAID Grants to FBOs and US and non-US NGOs

USAID grants with Non-Governmental Organizations (NGOs) and Faith-Based Organizations (FBOs) include: Catholic Relief Services, Food for the Hungry, Fresh Ministries, Hope Worldwide, International Youth Federation, PATH, and Salesian Missions. Two additional agreements with other partners are under negotiation as well.

Contact Person(s): Dr. Victor Barbiero (USAID/BGH/OHA)

Program Description:

This program provides central support for several multi-country grants to NGOs, including faith-groups, to: (a) expand programming to delay sexual activity and increase “secondary abstinence” among young people; and (b) to promote safer behavior, especially mutual fidelity and partner reduction, among both youth and the general population. Specific activities include:

- Skills-based HIV education for young people;
- Stimulating broad social discourse on safer behaviors;
- Strengthening the role of parents;
- Initiatives to address sexual coercion; and
- Early intervention with at-risk youth.

These interventions complement other prevention, care and treatment activities. Efforts include the expansion of culturally appropriate prevention programming for young people, emphasizing “Abstinence” and “Be Faithful” messages, in order to achieve more balanced national prevention programs. In FY 2004, USAID grantees selected through a competitive bidding process provided services in six of the fifteen focus countries: to Guyana, Kenya, Mozambique, Rwanda, Tanzania and Haiti. The USAID grantees are partnering with a number of local organizations, including: The Tanzanian; Anglican Church of Kenya (ACK) Western Diocese; Kenya Students Christian Fellowship (KSCF); Guyana Red Cross Societies; and Fellowship of Christian Unions (FOCUS).

FY 2005 Program:

The FY 2005 funding will continue to provide central support for several multi-country grants to NGOs and FBOs to scale up the Emergency Plan’s ongoing youth-oriented AIDS prevention strategies. Additional funds are needed to continue second year funding for two FY 2004 Abstinence and Be Faithful grants, and to start several FY 2005 grants, which will expand services to 14 of the 15 focus countries. The FY

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2005 funding will be used to finance and expand the promotion of primary and secondary abstinence before marriage, faithfulness in marriage and monogamous relationships (AB), and avoidance of unhealthy sexual behaviors among youth.

By March 31, 2006, these grants are projected to reach over 3 million youth aged 10-24 years old with abstinence and be faithful messages in 14 focus countries, contributing to the Emergency Plan's goal to prevent 7 million new infections.

Time Frame: FY 2004 – FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Antiretroviral Therapy (ART)

Budget: FY 2005 GHAI: \$94,100,000

Implementing Mechanism: HHS Cooperative Agreements with Non-Governmental Organizations (NGO)

Contact Person(s): Tedd Ellerbrock (HHS/CDC/GAP) and Thurma Goldman (HHS/HRSA/HAB)

Program Description:

FY 2004 Emergency Plan funds provided central support to four U.S. organizations working in 12 of the fifteen PEPFAR focus countries. The Department of Health and Human Services (HHS) awarded grants, which were selected based on a competitive bid, to the Mailman School of Public Health of Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation, Harvard University School of Public Health, and AIDSRelief (formerly, the Catholic Relief Services Consortium). These grantees have sub-contracted with local in-country organizations, such as: Ministries of Health; faith-based hospitals in nine countries; Muhimbili National Hospital, Tanzania; Moi Teaching and Referral Hospital, Kenya; University of Transkei, South Africa; and Lusaka Health District, Lusaka, Zambia.

The grant recipients are engaged in providing: (a) clinical HIV care, including ART; (b) drug and health commodities management, (c) lab services for diagnosing HIV infection and opportunistic infections (OI); (d) training of health care workers, (e) community mobilization, and (f) monitoring and evaluation. Areas of focus include:

- Providing comprehensive HIV care, including ART and diagnosing and treating tuberculosis and other HIV-related opportunistic infections (OI);
- Selecting and procuring the appropriate ART drugs in accordance with U.S. and local Government policies;
- Ensuring the availability and appropriate use of laboratory capabilities for diagnosing HIV infection and OI; and,
- Providing training to increase capacity of local staff and encourage local ownership.

As of February 2005, grantees are expected to have started at least 46,000 patients on ART at approximately 150 medical facilities in 12 countries through this program.

FY 2005 Program:

HHS will use FY 2005 funding to provide HIV care and treatment for those enrolled in the program as of February 2005. Funding for scientific and technical advice, assistance and monitoring for this program, as well as management and

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administrative costs associated with the program are reflected in the headquarters and technical assistance description.

This program will contribute to the Emergency Plan's goals to treat 2 million people and to provide care for 10 million people.

Time Frame: FY 2004-FY2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Blood Transfusion Safety

Budget: FY 2005 GHAI: \$50,000,000

Implementing Mechanism: HHS/CDC Cooperative Agreements with National Blood Transfusion Services or Ministries of Health in fourteen focus countries (Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia) and with five technical assistance organizations (American Association of Blood Banks; Sanquin Blood Consulting; Safe Blood for Africa; Social and Scientific Systems, Inc.; and the World Health Organization).

Contact Person(s): Kenneth Clark (HHS/CDC/GAP)

Program Description:

FY 2004 Emergency Plan funds provided central support for focus countries to develop nationally-directed, regionalized blood systems that address all the processes of a well-functioning system of blood supply, including blood-donor screening and testing; blood collection, preparation and storage; blood-product transportation and distribution; appropriate transfusion practice and blood utilization; physician and blood-banking technologist training; and quality assurance, monitoring and evaluation.

The process for funding the focus countries began in FY 2004. Each of the countries, as part of the initial funding application process, included an assessment of its needs in each of the six program objective areas: 1) infrastructure, 2) donor recruitment and blood collection, 3) testing, 4) transfusion practice and blood utilization, 5) training, and 6) monitoring and evaluation. Each country submitted background information to HHS/CDC on its current transfusion system, and has developed a comprehensive plan that addresses these six objectives. The plans have been individualized for each country. However, emphasis in the first year was generally on infrastructure development (buildings, testing equipment) and on the completeness of blood supplies testing for HIV and hepatitis.

Because National Blood Transfusion Services or Ministries of Health need technical assistance, the Emergency Plan supports expert blood safety organizations to provide guidance, advice and training. An expert organization is paired with each country's National Blood Transfusion Service to provide the needed guidance and technical assistance. The technical assistance organizations helped advise the Ministries of Health on building renovation, equipment selection, and testing strategies in FY 2004.

FY 2005 Program:

Through the coordinated efforts of the National Blood Transfusion Services in the focus countries and the assistance of the expert blood-transfusion organizations, each

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of the focus countries will continue work to develop an organized, high-quality blood transfusion system that will produce an adequate supply of safe blood. The emphasis for FY 2005 activities will be further infrastructure development, complete blood supply testing for HIV and hepatitis, and development of blood donor recruitment networks. The technical assistance organizations will continue to offer guidance and training in these areas.

This program will contribute to the Emergency Plan's goal to prevent 7 million new infections.

Time Frame: FY 2004-FY2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Orphans and Vulnerable Children Affected by HIV/AIDS

Budget: FY 2005 GHAI: \$ 9,750,000

Implementing Mechanism: USAID Cooperative Agreements to NGOs and FBOs

USAID cooperative agreements with Non-Governmental Organizations (NGOs) and Faith-Based Organizations (FBOs) include: Catholic Relief Services, CARE, Opportunity International, Save the Children, and World Concern. Ten additional agreements with different partners are in negotiations as well.

Contact Person(s): Dr. Victor Barbiero (USAID/GH/OHA)

Program Description:

This Emergency Plan funded Annual Program Statement (APS) continues to target programs that work in multiple countries to increase care and support to orphans and vulnerable children affected by HIV. The objectives of the programs supported through this APS are to provide comprehensive and compassionate care to improve the quality of life for orphans and vulnerable children; and to strengthen and improve the quality of orphans and vulnerable children programs through the implementation, evaluation and replication of best practices in the area of orphans and vulnerable children programming. The projects funded under this Annual Program Statement support one or more of the following strategic approaches:

- Strengthening the capacity of families to cope with their problems;
- Mobilizing and strengthening community-based responses;
- Increasing the capacity of children and young people to meet their own needs;
- Ensuring governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children
- Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS;
- Developing, evaluating, disseminating, and then applying best practices;
- Creating strong partnerships with local in-country organizations; and
- Forming public-private alliances.

Based on a competitive bid, USAID grantees are providing services in the following focus countries: Botswana, Cote D'Ivoire, Ethiopia, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia.

FY 2005 Program:

Through FY 2005 funding, NGOs and FBOs are collaborating with locally based organizations to scale up activities and programs that:

- 1) Support OVC in the areas of microfinance programs for caregivers of OVC;
- 2) Increase capacity of children and youth to meet their own needs;
- 3) Strengthen the capacity of local organizations to provide care for OVC;
- 4) Work towards reducing the stigma and discrimination of OVC and their caregivers; and
- 5) Increase OVC access to essential programs and services, specifically in education, psychosocial support, health and livelihood training.

This program will contribute to the Emergency Plan's goal of providing care and support for 10 million people. At least 262,160 orphans and vulnerable children will be reached in FY05 alone.

Time Frame: FY 2004 – FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Quality Assurance for Supply Chain Management

Budget: FY 2005 GHAI: \$3,700,000

Implementing Mechanism: HHS direct expenses and contracts

Contact Person: Beverly Corey (HHS/FDA) and Tara Sussman (HHS/OGHA)

Program Description:

In FY 2004 and in direct support of the President's Emergency Plan for AIDS Relief (The Emergency Plan), the Department of Health and Human Services' (HHS) Food and Drug Administration (FDA) implemented a new, expedited process to help ensure that the United States could provide safe, effective, and quality manufactured anti-retroviral drugs to the 15 developing countries designated under The emergency Plan. HHS/FDA published guidance for the pharmaceutical industry encouraging sponsors to submit applications for approval (or tentative approval, if U.S. patents blocked issuance of approval for U.S. marketing) of fixed dose combinations (FDC)¹ of or co-packaged versions of previously HHS/FDA-approved FDC or single-entity anti-retroviral therapies for the treatment of human immunodeficiency virus (HIV). Drugs approved or tentatively approved under the new expedited process described in the new guidance will meet all FDA standards for drug safety, efficacy, and manufacturing quality.

HHS/FDA's involvement include the following activities:

- **Outreach Activities:** HHS/FDA is developing and implementing comprehensive outreach programs that target drug manufacturers and national drug regulatory authorities in focus countries. These programs include: training for general marketing application review process; current good manufacturing practices, review and standards for active pharmaceutical ingredients, and monitoring post-authorization drug safety and manufacturing reporting.
- **Application Activities:** HHS/FDA is expediting the review of new and generic drug marketing applications under The Emergency Plan. Generally, a priority review designation provides for the review of a new drug marketing application in six months or less and the legal standard for review of a generic drug application is 180 days. However, under the new Emergency Plan policy, the application (new drug or generic) would be reviewed within approximately eight weeks. HHS/FDA reviewers are working closely with potential drug marketing application sponsors to foster the development and submission under The Emergency Plan of well-documented, quality marketing applications that have the highest chance for a successful review.
- **Inspections:** HHS/FDA is conducting pre-approval current Good Clinical Practices inspections of Bioequivalence Studies to ensure veracity of bioequivalence data and

¹ New products that combine already-approved individual HIV/AIDS therapies into a single dosage are known as fixed dose combinations (FDCs).

current good manufacturing practices inspections of drug manufacturing sites to ensure drug product quality during manufacturing.

- **Post-marketing Activities:** HHS/FDA is monitoring the drug products distributed under The Emergency Plan to help ensure continued drug safety.

In addition, HHS is sponsoring a technical assistance conference for regulatory agencies from The Emergency Plan focus countries. The purpose is to educate and support these government agencies in their interpretation and evaluation of the findings and outcomes of the HHS/FDA approval process. The expected result will be to accelerate the time from HHS/FDA approval to actual procurement and distribution of ARVs in countries receiving The Emergency Plan support.

FY 2005 Program:

FY 2005 funding will be used to finance the following HIV drug marketing application review and inspection activities necessary for the purchase of drugs for PEPFAR:

- The review of approximately five new drug and 13 generic drug marketing applications;
- 39 pre-approval inspections of active pharmaceutical ingredients manufacturing facilities;
- 18 pre-approval inspections of finished dosage manufacturing facilities;
- 39 pre-approval inspections of bioequivalence studies;
- 10 inspections to target manufacturing problems

Furthermore, in FY 2005 HHS will provide strategic support to ARV producers who would like to participate in the HHS/FDA approval process but need help to do so effectively. Such support will consist of providing guidance in interpreting and complying with the requirements of the HHS/FDA application process. The expected result of this work will be an increase in the number of drug products available in an accelerated manner to be purchased with PEPFAR funds to treat HIV-infected persons.

Time Frame: FY2004 – FY2005

Project Title: Safe Medical Injections

Implementing Mechanism: USAID Task Order Proposal Requests through existing Indefinite Quantity Contracts, including John Snow Inc., University Research Corporation, and Chemonics, Initiatives Inc. HHS/CDC Cooperative Agreement with John Snow, Inc.

Contact Person(s): Glenn Post (USAID/BGH/OHA); Kenneth Clark (HHS/CDC)

Program Description:

FY04 Emergency Plan funds provided central support for injection-safety activities through an integrated approach that includes improving the safety of medical practices through technical innovations; developing behavioral change communications, education and training; and providing sufficient quantities of injection materials, including needles, syringes and soap; and strengthening logistical systems and management. USAID manages this program in Ethiopia, Guyana, Mozambique, Namibia, Nigeria, Uganda, and Zambia. HHS manages the program in Haiti, Botswana, Rwanda, Cote d'Ivoire, Kenya, South Africa, and Tanzania.

The principal activities in FY 2004 were:

- Performed a rapid initial assessment of the current injection practices within each country.
- Developed a national plan for the safe and appropriate use of injections or strengthen existing plan in each country.
- Designed and field-tested a project to enhance injection safety in selected area(s) of each country.
- Developed and implemented a strategy for wider public understanding and support for the availability of safe medical injections in each country.

FY 2005 Program:

In FY 2005, the program will continue implementing a strategy for wider public understanding and support for the availability of safe medical injections in the fifteen Emergency Plan focus countries. It will also expand injection safety activities to cover the population of each country, ensuring proper procurement and management of safe injection equipment and supplies, including provision of single-use syringes. Specific activities will be to:

- Train traditional and non-traditional healthcare workers to observe universal precautions and proper injection-safety practices;

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- Develop behavioral and communication strategies for healthcare workers in both the formal and informal healthcare sectors to improve injection safety practices;
- Provide necessary equipment, supplies, and funding for interventions in the pilot districts; and
- Establish a rapid scale-up strategy for the final national plan.

Time Frame: FY 2004-FY2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Supply Chain Management

Budget: FY 2005 GHAI: \$15,000,000

Implementing Mechanism: Competitively awarded contract – TBD

Contact Person(s): Carl Hawkins (USAID/BGH/PRH)

Program Description:

An effective supply chain management system is critical to ensure the delivery of essential drugs, supplies, and medical equipment for a comprehensive HIV/AIDS program. Under this solicitation the Government will seek a contractor to perform specified tasks necessary for implementing a safe, secure, reliable and sustainable procurement and supply-chain management system for pharmaceuticals and other medical products needed to provide care and treatment of persons with HIV/AIDS, and related infections. Additional services include: implementing a management information system, providing procurements services, providing freight forwarding and related services, and enhancing in-country capacity.

FY 2005 Program:

In FY 2005, funding will be used to award and implement the Supply Chain Management System. This activity will help create, enhance, and promote a secure and sustainable supply chain management system that is reliable and coordinated with complementary programs. Efforts will be targeted towards ensuring an uninterrupted supply of high quality, low cost products that flow through an accountable system.

This project will assist the 15 Focus Countries in the President's Emergency Plan for AIDS Relief to achieve individual country treatment targets as described in each country's operational plan.

Time Frame: FY 2004-FY2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Technical Leadership and Support

<u>Budget:</u>	FY 2005: GHAI	\$12,000,000
	FY 2004 PMTCT	<u>2,233,000</u>
	Total:	\$14,233,000

Implementing Mechanism: USAID, HHS, and State Department contracts and grants

Contact Person(s): Michele Moloney-Kitts (OGAC), Timothy Mastro (HHS/CDC), Thurma Glodman (HHS/HRSA), and Constance Carrino (USAID/GH/OHA)

Program Description:

This program funds technical assistance and other activities to further Emergency Plan policy and programmatic objectives, in the field, at headquarters, and internationally. It utilizes existing contractual mechanisms within USAID, HHS and the State Department to the maximum extent possible.

- HHS uses the **University Technical Assistance Projects (UTAP)** to provide technical assistance support to focus and non-focus countries and to support some headquarters activities such as monitoring and evaluation. It is a cooperative agreement program that funds 10 Universities in order to provide technical assistance to ministries of health and other organizations working on HIV/AIDS prevention, care and treatment programs in 25 countries in Africa, the Caribbean, South America and Asia that are participating in the U.S. Department of Health and Human Services/ Centers for Disease Control and Prevention's (HHS/CDC) Global AIDS Program (GAP). Established in 2002, the purpose of UTAP is to augment and expand HHS/CDC's efforts to provide technical assistance to GAP countries in the development, implementation and evaluation of HIV prevention programs, care and treatment programs and the necessary infrastructure (e.g., laboratory services) to support prevention and care programs and services. The 10 Universities include: University of North Carolina at Chapel Hill, University of California at San Francisco, University of Maryland, University of Medical and Dentistry of New Jersey, Tulane University, Johns Hopkins University, Columbia University, Baylor College of Medicine, Harvard University, and Howard University.
- HHS uses **The International Training and Education Center on HIV (I-TECH)** to train health care workers in countries and regions hardest hit by the AIDS epidemic. I-TECH was established in 2002 by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) in collaboration with the HHS Centers for Disease Control and Prevention (HHS/CDC). With expanded authority under the President's Emergency Plan for AIDS Relief, ITECH (University of Washington, in partnership with University of California at San Francisco) works in 12 countries

- providing technical assistance to build capacity for prevention, care and treatment of HIV/AIDS.
- USAID uses several of its standing contracts and grants to facilitate access to technical expertise for program design, strategy development, and general support of field programs and policy development. For example, OGAC has called upon USAID to use these standing contracts and grants to provide teams to help countries prepare their Country Operational Plans.
 - OGAC will also use a variety of mechanisms to support policy development, international conferences, and workshops to further Emergency Plan goals.

Time Frame: FY 2004-FY2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Twinning Center

Budget: FY 2005 GHAI: \$4,000,000

Implementing Mechanism: Cooperative Agreement with the American International Health Alliance (AIHA)

Contact Person(s): Robert Soliz (HHS/HRSA/HAB)

Program Description:

Two of the strategies outlined by President Bush in the Emergency Plan for AIDS Relief to build human and institutional capacity in the 15 focus countries are twinning and volunteer activities, which will be implemented through a Twinning Center and a Volunteer Health-Care Corps. The Cooperative Agreement for the Twinning Center was awarded to the American International Health Alliance using funds. The Twinning Center will provide technical assistance to twinning organizations between US based organizations and focus country-based organizations and will administer the Volunteer Health Care Corps, which will involve recruiting, maintaining and placing volunteers within the twinning partnerships. The Twinning Center will broker and facilitate relationships between twinning partners and plan and fund logistics for volunteers. The twinning plan will build upon existing relationships between U.S. and target country institutions as well as initiate new twinning partnerships. It is expected that in later years, twinning partnerships will involve focus country organizations twinning with each other, and possibly involve regional country organizations twinning with focus country organizations.

Within the first funding cycle (October, 2004-February, 2005), the program is examining and building upon projects described in the Emergency Plan 2005 Country Operational Plans. Based on their Country Operational Plans and expressed interest in the Twinning Center, the countries to be visited and assessed during the first year are: Zambia, Ethiopia, Uganda, South Africa, and Kenya.

This program will contribute to the Emergency Plan's goals of treating 2 million people, of preventing 7 million new infections, and of offering care and support to 10 million people.

FY 2005 Program:

The Twinning Center received HHS funding beginning October 2004, for five months, and is being funded for an additional year beginning in March, 2005. It is expected that the twinning center will develop approximately 5 twinning programs in 5 focus countries during the first year of funding (ending February 28, 2005), and 28 twinning partnerships during the second year of funding in 3 additional focus

countries (ending February 28, 2006), although the Twinning Center may develop additional twinning programs in other focus countries if feasible. Overall, the Twinning Center plans to develop 160 twinning partnerships and place 600 long-term volunteers in the fifteen focus countries over the course of five years.

Time Frame: FY 2005-FY2006

RAPID EXPANSION FUND

After review of the FY 2005 Country Operational Plans, the Office of the U.S. Global AIDS Coordinator (OGAC) has reserved \$117 million for focus country and central programs to further expand successful and innovative programs that will contribute to treatment, either directly by providing antiretroviral treatment or by expanding activities that will increase capacity to provide treatment in the future. The Coordinator will determine the final allocation of resources among focus countries and central programs through a competitive process. Focus countries will compete for the funds by proposing programs (country managed activities or activities that will be managed through central programs) in the following categories:

- Antiretroviral therapy: \$65 million
- Counseling and testing: \$29 million
- Network strengthening: \$15 million
- Innovative Human Capacity Development: \$8 million

After the competition is completed, all funds will be distributed to the Country Activities and Central Programs line items of the Emergency Plan budget. At that point, the Rapid Expansion Fund line item will be reduced to zero.

SECTION VII

INTERNATIONAL PARTNERS

- 1) Introduction
- 2) Table 10
- 3) Program Descriptions

INTERNATIONAL PARTNERS**INTRODUCTION**

This section describes the U.S Government's contributions to UNAIDS and the Global Fund. Table 10 shows the allocation of funds. This is followed by program descriptions.

TABLE 10

INTERNATIONAL PARTNERS
Funding Sources (\$000)

	USAID	HHS	STATE	DOD	PC	Total
UNAIDS			27,000			27,000
GLOBAL FUND*	335,800	99,200				435,000
TOTAL	335,800	99,200	27,000	0	0	462,000
* Part of USAID contribution (\$87.8 million) is from FY 2004 CSH						

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2005

Project Title: Joint United Nations Program on HIV/AIDS (UNAIDS)

Budget: FY 2005 GHAI: \$27,000,000

Implementing Mechanism: Public International Organization (PIO) Grant

Contact Person(s): Dr. Victor Barbiero (USAID/BGH/OHA)

Program Description:

The main objective of the PIO grant is to significantly increase UNAIDS' effort to scale up the global response to HIV/AIDS with particular emphasis at the country level. This global response seeks to prevent the transmission of HIV/AIDS, provide care and support, reducing individual and community vulnerability to HIV/AIDS and mitigate the impact of the epidemic. To achieve these goals, UNAIDS implements activities that:

- ***Catalyze action and strengthen capacity at country level*** in the priority areas identified by the Programme Coordinating Board (PCB) including monitoring and evaluation, resource mobilization and expansion of civil society involvement; technical assistance and interventions related to security, stability and humanitarian responses;
- ***Improve the scope and quality of UN support to national partners***, through strengthened UN Theme Groups on AIDS, better coordination at regional level, increasing staff capacity in key areas, and development of more coordinated UN programmes in line with national priorities and objectives;
- ***Increase the accountability of UNAIDS at country level*** through support for country-level reviews of national HIV/AIDS responses, development of joint UN programmes to support countries' responses, and having Theme Groups report annually to PCB.
- ***Strengthen capacity of countries to gather, analyze and use strategic information*** related to the epidemic and, in particular, on progress in achieving the goals and targets of the Declaration of Commitment. This includes the Country Response Information System (CRIS), which will be operational in all countries by the end of 2005;
- ***Expand the response of the development sector to HIV/AIDS***, including in relation to human capacity depletion, food security, governance, orphans and vulnerable children and the impact of the epidemic on the public sector (education in particular), as well as on women and girls;
- ***Sustain leadership on HIV/AIDS at all levels; and***
- ***Forge partnerships*** with political and social leaders to ensure full implementation of the Declaration of Commitment and to realize the related Millennium Development Goals.

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2005

Project Title: The Global Fund to Fight AIDS, Tuberculosis and Malaria

<u>Budget:</u>	FY 2005: CSH	\$248,000,000
	FY 2004: CSH carryover	\$87,800,000
	FY 2005: NIH	\$99,200,000
	Maximum U.S. contribution:	\$435 million

Implementing Mechanism: USAID/HHS grant to the World Bank acting as Trustee

Contact Person(s): Pam Pearson (Office of the U.S. Global AIDS Coordinator)

Program Description:

Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria, a new international foundation, was conceived to be an integral part of the Administration's global strategy against the epidemic. The initial authorization of the Leadership Act and subsequent appropriations have stipulated terms for U.S. government contributions to the Global Fund, most notably that U.S. government funds may not constitute more than thirty-three percent of their total contributions. Provisions also require additional withholdings of funds if the Global Fund is found to have provided financial assistance to the governments of states that consistently support terrorism, or for excessive administrative expenses and salaries.

The Global Fund, created in December 2001, has the legal personality of a public-private, non-profit foundation, headquartered in Geneva, Switzerland, that operates as a funder of grants to combat HIV/AIDS, tuberculosis and malaria. The Fund does not generate these grants out of its Geneva Secretariat, nor does it work exclusively through governments. Instead, proposals arise out of committees (termed "Country Coordinating Mechanisms") that are intended to consist of local NGOs, governments, the private sector, donors and (not least) people living with the diseases. The entities that receive Global Fund grants can be public, private or international organizations. The role of the Global Fund Secretariat in Geneva is limited to monitoring the performance of grants and sending periodic disbursements of grant money on a quarterly basis from the Fund's trustee account at the World Bank. Under the "Fund model," the Secretariat should not disburse new funds until the grant recipient can demonstrate results from previous tranches of money.

Funding takes place in so-called "rounds," wherein the Fund Board issues an invitation for grant proposals, and then votes on those proposals determined by an independent review panel to be technically sound. Grants normally cover five years, but the Board's initial approval of funding for a grant covers only the first two years. The Board has thus far completed four rounds of grant financing, and made commitments of \$3.1 billion to 300 grants (for their first two years of operation) in 130 countries; Projected five-year funding of current grants total \$8.1 billion through 2009 (including the Round 4 grants

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approved in June 2004). A fifth round of grants is scheduled to come before the Board in late September 2005.

FY 2005 Program:

The highest funding priority is the renewal of the years three-through-five, or "Phase 2," of previously approved projects. In addition, the Global Fund's Board approved the launching of a fifth round of proposals, scheduled to be initiated in September 2005. The United States' maximum contribution in FY 2005 is \$435 million composed both new funding and funding carried-over from FY 2004.

Time Frame: FY 2005 - FY 2006

SECTION VIII

TECHNICAL OVERSIGHT AND MANAGEMENT HEADQUARTERS (HQ)

- 1) Introduction
- 2) Table 11: FY 2005 Technical Oversight and Management Expenses, Headquarters,
by Agency Implementing activity
- 3) Program Descriptions

INTRODUCTION

This section provides a summary of funding allocations for technical oversight and management costs, mostly borne at headquarters, in Table 11, as well as summary descriptions for GAC, USAID, HHS, and other agencies.

Note that these expenses do not include the established operating expenses dedicated to previously existing HIV/AIDS activities of the various agencies involved in the Emergency Plan. Rather, these are costs solely associated with the expansion of programs and reporting occasioned by the Emergency Plan.

Table 11

**TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES
HEADQUARTERS (HQ)
By Agency Implementing Activity
(\$000s)**

	USAID	HHS	STATE	DOD	PC	Total
Technical Oversight & Management	16,400	29,000	8,747	1,250	300	55,697
TOTAL	16,400	29,000	8,747	1,250	300	55,697

**EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT
EXPENSES: FY 2005**

Project Title: USAID Technical Oversight and Management

Budget: FY 2005 GHAI: \$16,400,000

Implementing Mechanism: Direct Expenses including salary, benefits, travel, supplies, professional services, and equipment.

Contact Person(s): Paul Mahanna USAID

Program Description:

Under the direction of the U.S. Global AIDS Coordinator's Office, the U.S. Agency for International Development (USAID) is a partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief (the Emergency Plan).

USAID headquarters offices and field staff support the implementation of the Emergency Plan in the following ways:

- **Supporting operations of field offices** (e.g., hiring 29 new field staff to provide increased capacity, especially in procurement and technical areas);
- **Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs** (e.g., orphans and vulnerable children and abstinence/faithfulness);
- **Providing technical assistance to country programs** (e.g., paying the expenses of USAID program and technical experts when they travel to focus countries).
- **Coordinating agency activities with those of other USG agencies implementing the Emergency Plan** (e.g., joint planning, monitoring, and evaluation, legal consultation; participation on core teams and technical working groups; policy and budget coordination).

Time Frame: FY 2004—2006

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2005

Project Title: HHS Technical Oversight and Management

Budget: FY 2005 GHAI: \$29,000,000

Implementing Mechanism: Direct Expenses including salary, benefits, travel, supplies, professional services, and equipment.

Contact Person(s): Michael Johnson/Tara Sussman (HHS/OGHA)

Program Description:

Under the direction of the U.S. Global AIDS Coordinator's Office, the Department of Health and Human Services (HHS) is a partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief (the Emergency Plan). HHS includes several agencies that are key players in the Emergency Plan such as the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the Food and Drug Administration. HHS efforts are being coordinated out of the Office of the Secretary/Office of Global Health Affairs (OGHA).

HHS headquarters offices support Emergency Plan implementation by:

- **Supporting operations of field offices** (e.g., increased support for procurement and grants, human resources management, financial management, information resources management, communications, management analysis services, facilities planning and management, security, rent and utilities, and agency crosscutting activities to implement the Emergency Plan);
- **Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs** (e.g., antiretroviral treatment, blood safety programs, twinning program);
- **Providing technical assistance to country programs** (e.g., through direct assistance by HHS program and scientific experts from a variety of disciplines including medical officers/physicians, health scientists, epidemiologists, public health advisors, AIDS education and training experts, statisticians, and informaticians);
- **Coordinating agency activities with those of other USG agencies implementing the Emergency Plan** (e.g., joint planning, monitoring, and evaluation, legal consultation; participation on core teams and technical working groups; policy and budget coordination).

Time Frame: FY 2004—2006

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2005

Project Title: Other Agency Technical Oversight and Management

<u>Budget:</u>	FY 2005 GHAI for OGAC	\$8,747,456
	FY 2005 GHAI for Other	\$1,550,000
	Total GHAI	\$10,297,456

Implementing Mechanism: Direct Expenses including salary, benefits, travel, supplies, professional services, and equipment.

Contact Person(s): Kenneth Schofield (OGAC)

Program Description:

- **Office of the Global AIDS Coordinator (OGAC):** OGAC is responsible for coordinating and overseeing the President's Emergency Plan for AIDS Relief (the Emergency Plan). OGAC seeks to work with leaders throughout the world to combat HIV/AIDS, promoting integrated prevention, treatment, and care interventions, with an urgent focus on countries that are among the most afflicted nations in the world. To reach these goals, OGAC activities include:
 - Supporting operations of field offices;
 - Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs;
 - Providing technical assistance to country programs; and
 - Coordinating agency activities with those of other USG agencies implementing the Emergency Plan.
 OGAC expenses include personnel; travel and transportation; rent, communications and utilities; printing and reproduction; other services, supplies and materials; and equipment.
- **Peace Corps:** Peace Corps volunteers work with local community-based organizations and individuals to build capacity and mobilize communities around HIV/AIDS prevention, care and treatment activities with governmental and non-governmental agencies, faith-based organizations, youth, people living with HIV/AIDS (PLWHA) and others. Headquarters expenses include a program coordinator and technical advisor.
- **Department of Defense (DOD):** The DOD supports militarily-to-military HIV/AIDS awareness and prevention education, as well as the development of policies for dealing with HIV/AIDS in a military setting. Funding will be utilized to hire:
 - Local staff in five posts overseas to act as HIV/AIDS coordinators for DOD.
 - Seven specialists to help with HIV/AIDS programming.

- One procurement specialist.
 - Travel and support costs.
- **Department of State (STATE), non-OGAC:** This includes such items as ICASS expenses related to Emergency Plan activities carried out in the field.

Time Frame: FY 2004—2006

STRATEGIC INFORMATION/EVALUATION

- 1) Introduction
- 2) Table 12: Allocation of Funding to Implementing agencies
- 3) Project description

INTRODUCTION

This section provides information in Table 12 on a partial year allocation of funds to agencies for the strategic information system that is used to monitor program performance, including tracking progress towards goals and evaluating interventions for efficacy; and to provide descriptive information about Emergency Plan activities. It also provides a narrative for this partial allocation.

SECTION IX**TABLE 12****STRATEGIC INFORMATION/EVALUATION
Funding by Implementing Agency (\$000)**

	USAID	HHS	STATE	DOD	PC	Total
Strategic Information Evaluation	8,540	5,500	2,760	200	200	17,200
TOTAL	8,540	5,500	2,760	200	200	17,200

EMERGENCY PLAN STRATEGIC INFORMATION/EVALUATION: FY 2005

Project Title: Strategic Information/Evaluation

Budget: FY 2005 GHAI: \$17,200,000

Implementing Mechanism: USG Agency (HHS, USAID, DOD, Census Bureau, State Department, Peace Corps) Cooperative Agreements, Contracts and Grants.

Contact Person(s): Kathy Marconi (OGAC) and Sara Pacque-Margolis (OGAC)

Program Description:

Strategic Information activities support the Emergency Plan HIV surveillance, management information, program monitoring, and targeted evaluation systems. Headquarter agencies provide technical assistance, training, analysis, and knowledge management of HIV information to complement the strategic information activities budgeted by US government country offices for focus country efforts. They also support strategic information capacity building in non-focus countries with USG bilateral programs. The Emergency Plan implementing agencies are instrumental in coordinating the development of and training on international guidelines with UNAIDS, WHO, the Global Fund, World Bank, and other international donors. The planned allocation of funds among those agencies is as follows.

FY 2005 Program:

DOD	\$ 200,000
HHS	\$5,500,000
Peace Corp	\$ 200,000
State	\$2,760,000
USAID	\$8,540,000
Total	\$17,200,000

HHS/CDC antenatal clinic HIV surveillance and USAID population surveys will be completed as scheduled in the focus countries. For example, behavioral surveys will be completed in Guyana, Cote d'Ivoire, Namibia, and Vietnam. These activities include providing technical assistance on HIV surveillance surveys, estimates, and projections; completing baseline population surveys in focus countries; assisting countries in the implementation of sample HIV mortality systems; and, laboratory methods and capacity for HIV surveillance. A 2005 focus is the piloting of methods to measure recent HIV infections in order to more accurately measure HIV incidence to estimate infections averted. Additionally, the Department of Defense will conduct military sero-surveillance studies in selected countries.

US government Emergency Plan results reporting, while initiated in 2004, must be further developed and implemented. Activities include work on the one USG strategic information web-based reporting system; coordinating efforts with other donors to assure one country monitoring and evaluation system as outlined in the Three Ones; updating of the 2004 program reporting indicators and planning for more coordinated non-focus country reporting; organizing routine geo-mapping of services for program planning; and writing standards and audit procedures for in-country partner reporting. A 2005 focus is the development of MIS standards and assurance of country strategic plans for use by US government country offices so that they can improve partner reporting and program monitoring. The US Bureau of the Census has agreed to assist The Emergency Plan in program data results editing and analysis and the Department of State is providing geo-mapping services. USAID, HHS, DOD, and The Peace Corp will continue their involvement in this effort.

As with other technical and program areas of importance to the success of the Emergency Plan, strategic information capacity development within countries will be supported by headquarters agencies. In coordination with UNAIDS, the Global Fund, WHO and the World Bank, regional monitoring and evaluation workshops will be held to support unified regional and country-level M&E planning and to build skills of local partners and institutions to sustain strategic information systems and reporting. Emphasis will be placed on documenting and disseminating best practices in strategic information and building capacity to use data and information for HIV/AIDS program planning, monitoring, evaluation and policy development. Given the vast amount of data and information being generated by the Emergency Plan, a knowledge management assessment will be undertaken. In response to the assessment findings, action plans will be developed and implemented to ensure that information is efficiently and effectively stored, packaged and disseminated to diverse target audiences and stakeholders

In 2004 The Institute of Medicine initiated its Emergency Plan legislatively mandated evaluation of the Plan's prevention, treatment, and care programs. In 2005 the Institute will continue this three-year study by appointing a Study Group and holding formal meetings, conducting site visits to selected countries, and issuing an interim report on its initial findings and advice.

Time Frame: FY 2004-2006